Marquette Regional
Health Authority

The Strengths of 2
The Success of 1

Assiniboine
Regional Health Authority

Annual Report
2002 / 2003

Celebrating Change ...

The future is not a result of choices among alternative paths offered by the present, but a place that is created – created first in the mind and will, created next in activity. The future is not some place we are going to, but one we are creating. The paths are not to be found, but made, and the activity of them, changes both the maker and the destination.

-- John Schaar

Change is the law of life. And those who look only to the past or present are certain to miss the future.

-- John F. Kennedy

It takes a lot of courage to release the familiar and seemingly secure, to embrace the new. But there is no real security in what is no longer meaningful. There is more security in the adventurous and exciting, for in movement there is life, and in change there is power.

-- Alan Cohen

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September 30, 2003

The Honourable David Chomiak
Minister of Health
Room 302, Legislative Building
Winnipeg, Manitoba
R3C 0V8

Dear Mr. Chomiak:

It is my pleasure to present the annual report of the Assiniboine Regional Health Authority for the fiscal year ending March 31, 2003. This document was prepared in accordance with the *Regional Health Authorities Act* and guidelines provided by Manitoba Health.

We are pleased to submit this summary of the past year's activities which highlights the amalgamation of the Marquette and South Westman Regional Health Authorities and the birth of the Assiniboine Regional Health Authority.

The past year has been an exciting year of transition. We are pleased with our accomplishments and look forward to new challenges and opportunities that lay ahead.

Sincerely,

Bill Bryant,
Board Chair

Board of Directors Report

"Celebrating Change"

It is with great pleasure that I present, on behalf of the governing Board of Directors, the Assiniboine Regional Health Authority's Annual Report for the fiscal year April 1, 2002 through March 31, 2003. This document was prepared in accordance with *The Regional Health Authorities Act.*

Change ... no other word could more accurately describe this past year.

We began this fiscal year (April 1, 2002) as two separate and distinct organizations – the Marquette and South Westman Regional Health Authorities. On July 1st, 2002, the Assiniboine Regional Health Authority was born, a union of the two former regions.

Our new region spans an area in excess of 32,000 sq kilometers and is home to a population of 71,000 which includes seven First Nations communities and twenty-eight Hutterite colonies. The main industry in our region is agriculture.

The Assiniboine RHA employs approximately 3,100 staff with a budget in excess of $100,000,000.00. We operate 20 acute care facilities; 28 long term care facilities; and provide public health, mental health, diagnostic, emergency medical, palliative care, rehabilitation and home care services. There are 66 physicians providing medical services in the region.

With the announcement of the amalgamation, the Boards of the Marquette and South Westman RHAs began planning for the transition.

One of the first tasks was choosing a name for the new region. The name "Assiniboine" was chosen for several reasons including the fact the Assiniboine River flows from the northwestern tip to the southeastern corner of the new region. The region is also a designated bi-lingual region and the name "Assiniboine" is the same in both official languages.

With the creation of the new region on July 1st, an interim Board of Directors was appointed. The interim Board was comprised of 7 former Marquette and 7 former South Westman RHA Board members and 1 member of the Brandon RHA Board of Directors.

The interim Board of Directors worked together on reviewing and approving the General Bylaws, Staff Bylaws, and governing policies for the Assiniboine RHA.

In September 2002, the ARHA Board approved the creation of 4 District Health Advisory Councils and 2 Provider Advisory Councils. These Councils act as a communication link between the ARHA Board and the region's communities / staff. They also act as a forum for public / staff input on local needs and priorities. As a result of limited interest in some areas, it was decided to create 3 DHACs: DHAC – North; DHAC – West; and

DHAC – East, and 1 Provider Advisory Council. The members of the District Health Advisory Councils and Provider Advisory Council, appointed in January, have been kept very busy. An orientation session was held in February; community stakeholder / staff meetings in March; inaugural meetings in April; and the ARHA Strategic planning session in May.

The Assiniboine RHA District Health Advisory Council members are:

DHAC – North

- Phil Tyschinski
- Anne MacIssac
- Robert Muir
- Christine Harris
- Catherine Furevick
- Lawrence Chaskto
- Rodney Ashcroft
- Chris Yuen
- Edward Kulchyski
- Sam Brown
- Brent Fortune
- Shirley Dale
- Connie Steinburg
- Ron Carr
- Robert Bonchuck

DHAC- West

- Elaine Turnbull
- Jocelyn Beever
- Gordon Powell
- Maxine Chacun
- Michelle Piwniuk
- Marvin Elder
- Vince Heaman
- Karen Caldwell
- Michael Dillabough
- Carol Hill
- Manson Moir
- Vaughn Ramsay
- Karen Harilstad
- Cecile McMurray
- Howie Edwards
- Carolyn Porter
- Kerry Smith

DHAC-East

- Gwen Tripp
- Nancy Janzen
- Hugh Camrass
- Vivienne Bottrell
- Kathryn Jasienczyk
- Earl Maylon
- Jeannie Burgess
- Bob Durston
- Karen Paulson
- Barb Nicoll
- Shirley McLeod

Members of the **ARHA Provider Advisory Council** are:

- Joyce Barwick
- Larry Collins
- Dr. Johann Vilijoen
- Barb Moir
- Denise Weibe
- Dr. Ajai Shanker Khandelwal
- Teresa Wareham
- Rodney Jones
- Sandi Allen
- Susan Hallgrimson
- Janice McDonald
- Lorna Coe
- Karen Newton

As an interim Board of Directors, members spent the past year working through transition issues. Strategic Planning, including developing a Vision and Mission for the new region, will be a priority task for the permanent Board of Directors in 2003 – 2004 year.

This year's Annual Report is reflective of the changes we have been witness to over the past year. This report is a celebration of our successes, recognition of our challenges, and an acknowledgment of those who've made it possible.

I would like to take this opportunity to sincerely thank my fellow Board members for their commitment, dedication, support and sense of humour this past year. These are truly exceptional individuals who work very hard as a team.

I would also like to thank Penny Sorensen, Chief Executive Officer, and her staff throughout the region, for their continued commitment and contribution to health service delivery in the Assiniboine region.

Finally, thank you to our clients, patients, residents, and community members for your patience, cooperation, participation and support during this past year.

Respectfully,

William Bryant, Chair
Assiniboine RHA Board of Directors

Assiniboine Regional Health Authority

Board of Directors

William Bryant – Chair

Bill, a retired Community Mental Health Worker, currently serves as Chair of the Assiniboine RHA. Bill also chairs the Manitoba Council of RHA chairs and represents Manitoba on the Board of the Canadian Healthcare Association. Bill and his wife, Lois reside in Russell and enjoy cooking, gardening, and spending time with their grandchildren.

Betty Christie

Betty and her husband, Stephen, reside in Glenboro. Betty works as a statistician and also sits on the village council. She currently serves as Deputy Mayor. She was employed at the Glenboro Hospital for thirteen years, has been a local and regional board member for fourteen years, and is vice chair of the ARHA board.

William Busby

Bill is a retired Municipal Chief Administrative Officer. He retired in 2000, after working 40 years for the RM of Pipestone. Bill was a member of the Manitoba Administrator's Association for 40 years, serving 8 years on the Board of Directors, 2 years as President. Bill and his wife Ruby, a retired nurse, reside in Reston.

Terry Drebit

Terry Drebit was raised in rural Manitoba prior to moving to Winnipeg in 1970. He left Winnipeg in 1977, and was self-employed in the restaurant and catering business for over twenty years. He served several years as Councillor and as Mayor for the Town of Minnedosa.

John Heide
John lives in Killarney where he has just completed 30 years of retail sales in the farm equipment industry. John will now be spending his time on the farm and working with Manitoba Crop Insurance.

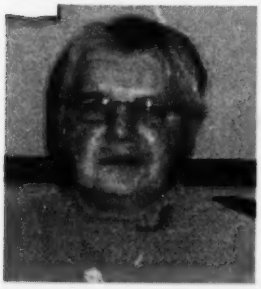
Louis Kurchaba
Louis has been a member of the Board of Directors since April 1, 2000. He is a retired high school teacher, and now keeps busy farming, repairing antiques, as well as volunteering his time for many organizations. Louis and his wife Phyllis reside in Rossburn, Manitoba.

Glen Langton

Glen and his wife Lori are retired from teaching and enjoy yard work, gardening, "the lake", curling, dancing, music, and the arts in general. Glen brings to the Board background experience in school administration, special needs education, and a wide range of public and community service.

Charles Lowes

Charles is a retired school bus driver for the Fort La Bosse School Division and resides in McAuley, Manitoba. Charles previously served as Reeve for the RM of Archie.



Patricia Phillips

Pat, a retired Registered Nurse, lives in Hartney. Pat nursed in Manitoba for 35 years and recently served a three-year term on the South Westman Regional Health Authority Board of Directors.

Larry Rainnie

Larry has taught school in Manitoba for the past 23 years. Currently, he teaches half time at Boissevain School where he also serves as Vice Principal. Larry serves on many professional and community organizations and is a member of the Boissevain Golf Club. Larry and his wife Patty have lived in Boissevain for 11 years.

Stafford Shewchuk

Stafford is currently a Councillor for the Rural Municipality of Harrison. He is also Chairman of the Rossburn Subdivision Trails Association and Poppy Chairman for the Royal Canadian Legion Branch 184. Stafford is employed as the Superintendent of Lakeside Golf Club at Shoal Lake and resides with his wife and three children in Sandy Lake.

Sophia Smith

Sophia is a retired Municipal Chief Administrative Officer. She also is involved with the family farming operation. Sophia brings over ten years of municipal experience with her to the Board and has resided in the southwestern part of Manitoba her whole life.

Garry Bell - Brandon RHA Representative

Garry Bell serves as the Brandon representative to the Assiniboine Regional Health Authority Board of Directors. He is employed as the Deputy Chief with the City of Brandon Fire Department and has working experience with pre-hospital emergency care.

Executive Team Report

It is my pleasure to present, on behalf of the ARHA Executive Team, a report of the past year's activities of the Assiniboine Regional Health Authority.

With the announcement of the amalgamation in April 2002, the staff of the Marquette and South Westman regions began the enormous task of proceeding with the transition process.

Fundamental to our journey, were our Guiding Principles:

- The amalgamation will proceed as a true partnership between both parties.
- The amalgamation will proceed in as timely a manner as possible.
- Proactive, timely and comprehensive information will be provided to all stakeholders.
- Efficiency objectives will be balanced with the need to achieve desired outcomes with the least amount of disruption possible.
- Amalgamation will build on the successes of both Regional Health Authorities.
- Necessary human resource changes, as a result of the amalgamation, will be fair, equitable and consistent.
- Disruption of programs and services will be as minimal as possible.

A Transition Steering Committee, made up of Executive members of the Marquette and South Westman RHAs, was established. From this, 5 Transition Teams were created to assist in the transition of key corporate functions. These teams included:

- Finance Transition Team
- Human Resource Transition Team
- Information Technology Transition Team
- Clinical Programs / Services Management Transition Team
- Medical Services

The Transition Teams' goal was to assist in the creation of an effective and efficient organization by facilitating the smooth integration of functions and processes. Each Team adopted the following Guiding Principles:

The Transition Teams will:

- Work towards achieving an integrated organization.
- Work towards long term cost savings for the organization, recognizing short term operations may be cost neutral.
- Submit recommendations as appropriate through the Transition Team Leaders to the Transition Steering Committee.
- Ensure all recommendations support continued quality patient care.
- Work as a team, recognizing that the interests of the organization are of utmost priority.
- Obtain input from all team members and appropriate staff.
- Ensure open and honest communication.

- Exercise strong leadership skills.

These Transition Teams worked hard to meet their timelines, and although there are still many transition activities underway, many transition activities were completed by March 31, 2003.

In addition to the activities associated with amalgamation, the Assiniboine RHA celebrated the completion of construction of the Boissevain Health Centre Clinic and the Hamiota Dental Clinic. Both projects were the result of unique partnerships between the Assiniboine RHA and community.

Human resource issues eg. nursing, medical and diagnostics continued to threaten the sustainability of many services and specialized programs during 2002 - 2003. Suspensions of services, to afford staff with needed and deserved vacation occurred in several locations: Wawanesa (June & December 2002), Treherne (July 2002) and Baldur (August 2002). It is anticipated that this problem will only grow in severity and frequency over the next several years

Given the small nature of operations in the Assiniboine region, one vacancy can and does jeopardize the region's ability to maintain all services. Disruptions in service, at least on a temporary basis, will be inevitable in the short term. The challenge will be to effectively manage the short term issues while working with multiple stakeholders in the pursuit of longer term solutions.

Another plaguing issue is that of insufficient funding to cover regional expenses. Discussions will need to continue with Manitoba Health regarding the region's 2002/03 funding shortfall.

I would like to take this opportunity to sincerely thank and express my gratitude to the ARHA Executive Team: Dr. Chris Burnett; Pat Cockburn; Ted Bartlett; Deb Clevett; John Rakai; Kerry Takvam; Lara Bossert and Meagan Perkin. Their dedication, professionalism and selflessness has been outstanding during the amalgamation and subsequent transition process. They continue to demonstrate unwavering commitment to a better future. I am privileged to be part of a team with such caring individuals and talented professionals.

I would also like to acknowledge the Assiniboine Regional Health Authority Board of Directors for their support, encouragement and leadership. This group works diligently and gives considerably of their time to ensure the Assiniboine Regional Health Authority is effectively governed and managed. Their continued efforts deserve acknowledgement and commendation.

Recognition is also extended to:

- All staff and Physicians across the region who give of themselves everyday in the provision of health services;

- Staff in the Souris Corporate and Shoal Lake Regional Offices who experienced significant change over the past year but who have remained positive and been flexible in creating an effective and efficient organization
- The Regional Leadership Team members for their patience and understanding during needed management restructuring processes and for their continued commitment and tireless efforts on behalf of the Assiniboine Regional Health Authority.

The past year afforded the opportunity to learn, to plan, to achieve goals, to celebrate successes and to overcome challenges. While there is always more to do, always some unresolved issues and always some change around the corner, I am proud of the accomplishments made in 2002/03. I look forward to continued growth and further success in the years to come.

Respectfully submitted,

Penny Sorensen, BN, MSA
Chief Executive Officer

Communications

Communications played a critical role in the transition process over the past year.

Immediately following the announcement of the amalgamation, the communications staff from both Marquette and South Westman RHAs began working with Manitoba Health to develop a communication strategy to ensure all stakeholders, both internal and external, were kept informed during the transition process.

The following key messages were developed as part of the communication strategy:

- Amalgamating the two Regions builds on the strengths of each Region, and will result in a stronger, more sustainable Regional Health Authority.
- Health care service delivery will not be affected or interrupted due to the amalgamation.
- Community and staff input into the delivery of effective health care services will continue to play an important role.

As part of the transition process and on an ongoing basis, the following communication strategies have been implemented in the Assiniboine RHA:

External Stakeholders

- Community Stakeholder meetings – held twice a year with community leaders
- Contact with community leaders in the event of service delivery changes in their community
- Community specific meetings as requested and /or needed
- ARHA News – public newspaper published 3 times a year
- Minutes of the Board of Directors meetings sent to all municipal offices, Health Auxiliaries, DHAC/PAC members, etc.
- Board Meeting Highlights sent as a monthly news release
- ARHA Website www.assiniboine-rha.ca – includes information about ARHA programs and services, job vacancies and current news
- News Releases as required

Internal Stakeholders

- Regional staff meetings held twice a year at all sites
- Weekly FYI – memo to all staff highlighting any current news / events
- "Staff Matters" - Monthly Staff Newsletter – includes program / service profiles, staff profiles, health promotion, general information
- Rumour Line – staff can anonymously ask questions which are answered and posted for all staff to see.
- Physician Newsletter – highlights from the Medical Advisory Committee meetings
- Volunteer Newsletter – 2 issues per year focusing on volunteers in the region

This year we mourned the loss of Dr. Ed Hudson and Dr. William Ostapovitch, Physicians whose contributions will never be forgotten and individuals who touched and impacted the lives of many. To these great men, we will miss you but always remember the value you added as people and caring professionals.

Dr. Ed Hudson
February 16, 1917 – May 19, 2003

Hamiota Doctor Passes, But Leaves Lasting Legacy
by Wanda Strachan – Crossroads This Week

Few people garner the respect and admiration of an entire community. Many may be influential, but few are held in the highest regard. Loved by both young and old, Dr. Ed Hudson of Hamiota was one of those few. Sadly, he passed away on Monday, May 19 at the age of 86.

After growing up in Hamiota and watching his father, Dr. E. D. Hudson tend to the medical needs of the community, young Ed went on to graduate from the Manitoba Medical College in 1941. He and his wife Dorothy were married in 1942, the same year he joined the Royal Canadian Army Medical Corps. He was stationed in various locations across the country before going overseas to serve in Australia, New Guinea, Moratai Island, Japan, and England. Following his discharge in 1946, Dr. and Mrs. Hudson returned to Hamiota where he began his life-long career as a "country doctor."

Reportedly, working alongside his father, Dr. Hudson Sr., caused some confusion. For that reason, Hudson Jr. was affectionately nicknamed "Doc Ed." His father passed away many years ago, but the name stuck and he will forever be remembered by it.

One newspaper article, printed a few years ago, claimed that Hudson had delivered well over 2,100 babies. To be known as a "Hudson Baby" is a point of pride for many. His caring nature endeared him to his patients while his strong commitment to the community influenced everyone around him.

Hudson was instrumental in the establishment of the Hamiota and District Health Centre in 1974. Seen as a way to encourage the practice of preventative medicine, doctors were placed on salaries rather than the conventional "fee for service." Thanks to his leadership, the "Team Approach" was implemented involving all health centre departments working together for the betterment of their patients.

Because of Hudson's work at the Hamiota Health facility and his involvement in other health issues at the local, provincial and federal level, he was bestowed a number of awards and honors. Most notably, Hudson was named to the "Order of Canada" in 2001. At a special ceremony in Ottawa, this highly prestigious award was presented to him by the Governor General of Canada.

Caring for the medical needs of his friends and neighbors and working tirelessly for the Hamiota District Health Centre were his passions, however, Hudson also had many other interests.

Over the years, he raised a variety of livestock including buffalo, elk, and horses. He was an active member of the Hamiota Agricultural Society for many, many years and involved in a number of associations that promoted wild life conservation. He was initiated into the Hamiota branch of the Royal Canadian Legion in 1946 and later became a charter member of the Hamiota Lions Club. His community involvement also included local 4-H clubs and Boy Scouts, as well as serving as a church steward for a number of years.

He was a strong supporter of local improvements. When the community rink was built in 1950, Hudson reportedly spent hours on the telephone searching for support and donations to the cause. When talks first began in the mid 1980's to construct the Hamiota and District Sports Complex, he was as stanch supporter of the project and often shared his belief in the need for it. Up until a few short years ago, he could be found out on the ice during public skating times. His pride for this community was evident and he was happy to share that pride with whoever would listen.

Despite his age, Hudson never officially retired. He did quit seeing patients in the clinic a few years ago, but continued to be regular for morning rounds at the health centre. He also continued his involvement with the Hamiota District Health Centre Foundation.

Left to mourn his passing are his wife, Dorothy, their children Joan, Robert, Donald, and Dorothy Jane and their families; and many many friends. The funeral service was held on Friday, May 23 in the Hamiota and District Sports Complex.

Dr. William Ostapovitch
December 4, 1919 – May 15, 2003

William Henry Ostapovitch (Dr. Bill), passed away peacefully on Thursday, May 15, 2003 at his home in Holland, Manitoba.

Bill was born on December 4, 1919 on a farm in Theodore, SK, the eighth child of Rose and Fred. He attended elementary and high school in Theodore and in 1937 went to the University of Saskatoon to study medicine. In 1942, he continued his studies at the University of Manitoba, graduating in 1944 with a Doctorate in Medicine. While at medical school, Bill enlisted in the army in 1942. He was commissioned as a Captain in July 1944 and was stationed in Halifax, NS for 1 ½ years. He was then stationed in Shilo, MB until his discharge in August 1946.

In 1945, he married Jean Lorraine Henderson of Deloraine, MB. Following his army discharge, they returned to Winnipeg where he spent a year in post graduate residency at the Misericordia Hospital. In March 1948, Bill and Lorraine took over a general practice in Holland, MB. He served the community and surrounding districts carrying on a well established practice until his retirement in 1992. He took special studies in pediatrics and surgery in Winnipeg, Chicago and Minneapolis. During his forty four years of practice, he held several positions including Chief of Staff at the local hospital in Treherne, Public Health Inspector for the Municipality of Victoria and Coroner for the district. It was through his foresight that the hospital at Treherne was a general hospital rather than a nursing unit. He was a skilled surgeon performing major surgery until he could no longer get an anesthetist to assist him. He performed minor surgery until he retired. A specialist once said of him, "anyone in his care will receive first class attention". He was known for his almost scarless suturing.

His days were long and full, as he held office hours in Holland, Mariapolis, and Cypress River. House calls were part of his everyday practice and home deliveries were often necessary. During his practice, he delivered well over 2000 babies and remembered them all as they crossed his path over the years.

He tried to leave his mark on his local community and surrounding district. He served terms on the Town Board, School Board and was instrumental in the construction of the Holland Elementary School. He was President of the Tiger Hills Education Association and in 1965 was appointed to the Advisory Board with the Department of Education. He also served on the Official Board of the United Church and his work on the Hall Committee ensured that the town had a modern facility, which is used for many events and activities. He planted many rows of trees at the fair grounds and his first retirement project was sprucing up and tree planting at Brookdale Cemetery. Recently he was honoured with the Queen's Golden Jubilee Award in January 2003 for his significant contribution to his community.

He was an enthusiastic and successful gardener and many envied his green thumb. He spent long hours assuring that his acre was immaculate, no weeds, hedges trimmed,

flowers blooming. Everyone was witness to his sense of humour as they passed his yard and saw the painted face on his saved tree. His late summer and fall was spent making jams, jellies, pickles and harvesting the fruits of his labour. Many reaped the benefits of his excess produce. Thanks to his good friend Jack, he took up golfing and spent many hours enjoying this new hobby. He always had a project on the go – whether it was sewing on patches, redecorating or being Mr. Fixit.

He was true to his family traits of honesty, integrity and ambition and instilled these in his children, grandchildren and great-grandchildren.

Health Status

As part of the ongoing Community Health Assessment process, we look at the health of the people in our region and any changes that have occurred. We also look at the factors that affect their health. Health is influenced by a large number of factors, including education and employment, social support, lifestyle choices, personal coping practices, the environment, heredity, gender, culture, early childhood experiences and health services.

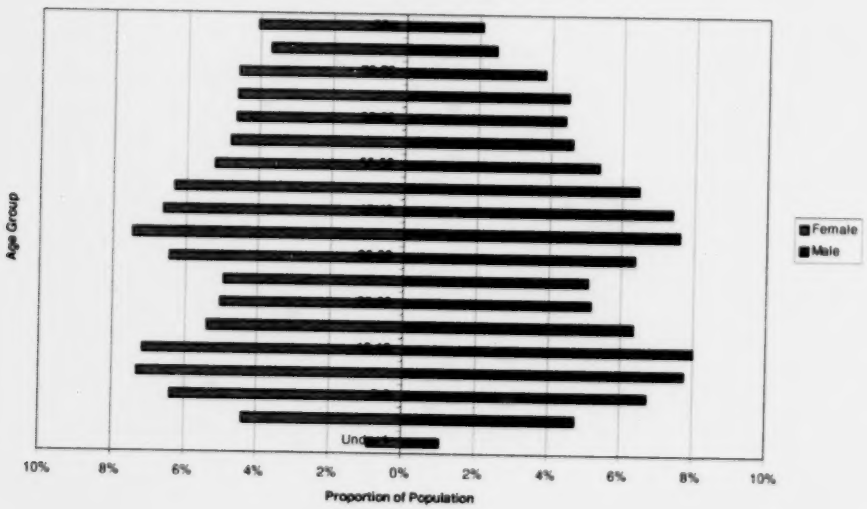
The Regional Health Authority assesses the health of the community on a regular basis so decisions about programs, services and resource allocation can be based on the best available evidence.

Information is available from a variety of sources to assess and monitor the health of the people in the Assiniboine Regional Health Authority. This report includes information obtained from Manitoba Health, the Manitoba Centre for Health Policy, and Health Canada. The following is a brief snapshot of the overall health of the population of the Assiniboine Regional Health Authority.

Population

The population of the Assiniboine Regional Health Authority in 2001/02 was 70,957. Close to twenty percent of our residents were under the age of 15 years. In the same time period, 60.9% of Assiniboine residents were between the ages of 15 and 64, while 19.5% were aged 65 and over. The Assiniboine region has a much higher proportion of people over 65 than the rest of the province (19.5% in Assiniboine, and 13.6% in Manitoba).

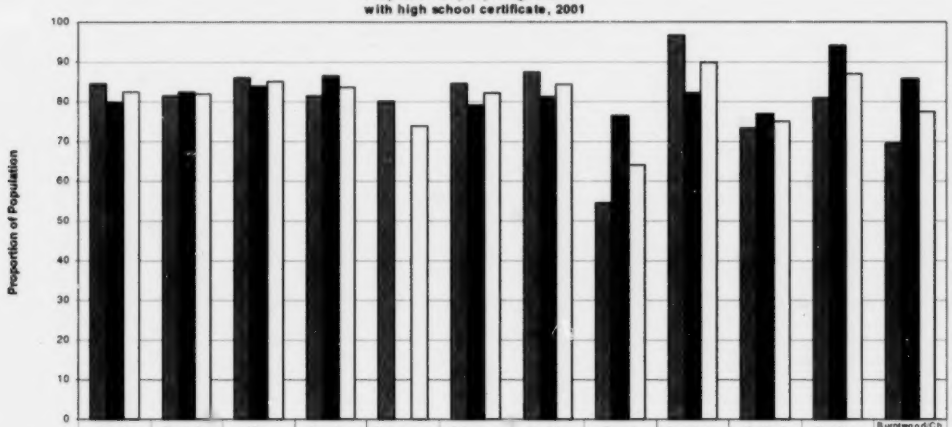
Figure 62a
Assiniboine Population Pyrmaid 2001/02



Education

Education level has an important influence on our health. In 2001, a higher proportion of people in the Assiniboine region had a high school certificate than Manitoba as a whole.

Figure 65
Proportion of people aged 25-29 with high school certificate, 2001



	Canada	Manitoba	Wpg	Brandon	N. Eastman	S. Eastman	Interlake	Central	Assiniboine	Parkland	Nor-Man	Burntwood/Churchill
Female	84.5	81.3	85.9	81.5 (C)	80.0 (C)	84.6 (C)	87.5 (C)	54.5 (C)	96.7	73.3 (C)	81.0 (C)	69.6 (C)
Male	79.7	82.5	83.9	86.4 (C)	(F)	78.9 (C)	81.3 (C)	76.5 (C)	82.1	76.9 (C)	94.1 (C)	85.7 (C)
Both	82.0	81.9	85.0	83.7 (C)	73.9 (C)	82.2 (C)	84.4 (C)	64.1 (C)	89.7	75.0 (C)	86.8 (C)	77.3 (C)

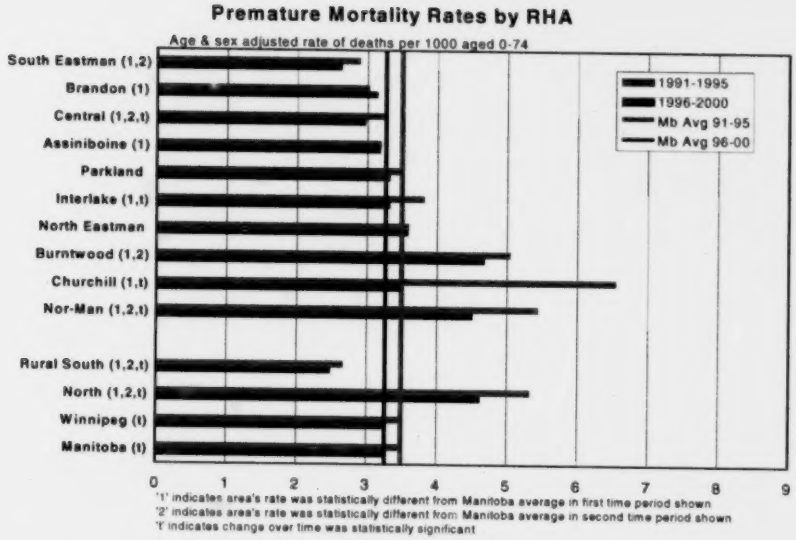
Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified by an (C) and should be interpreted with caution.
Data with a coefficient of variation (CV) greater than 33.3% were suppressed (F) due to extreme sampling variability.

Source: Statistics Canada, Canadian Community Health Survey Cycle 1.1, data analysis Manitoba Health

Premature Mortality Rates

Premature mortality rate (PMR) is defined as the rate of death before the age of 75 years. Considered by the Manitoba Centre for Health Policy as the best single measure to reflect the health status of a region's population, PMR is highly associated with illness, and with self-rated health and socio-economic risk factors.

The premature mortality rate for Assiniboine Regional Health Authority was higher than that of the rural south for both time periods shown, but was lower than the provincial average.


Premature Mortality Rates by RHA
Age & sex adjusted rate of deaths per 1000 aged 0-74
South Eastman (1,2)
Brandon (1)
Central (1,2,t)
Assiniboine (1)
Parkland
Interlake (1,t)
North Eastman
Burntwood (1,2)
Churchill (1,t)
Nor-Man (1,2,t)
Rural South (1,2,t)
North (1,2,t)
Winnipeg (t)
Manitoba (t)
1991-1995
1996-2000
Mb Avg 91-95
Mb Avg 96-00
0 1 2 3 4 5 6 7 8 9
'1' indicates area's rate was statistically different from Manitoba average in first time period shown
'2' indicates area's rate was statistically different from Manitoba average in second time period shown
't' indicates change over time was statistically significant

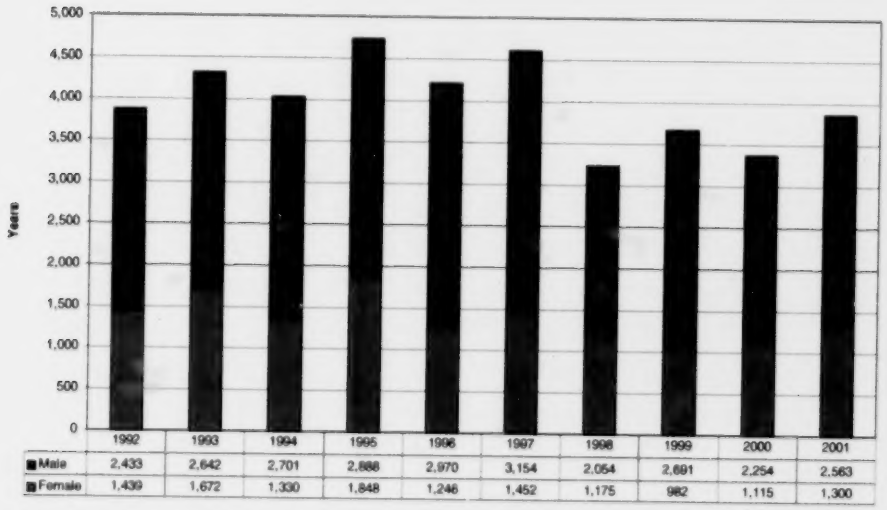
Source: Manitoba Centre for Health Policy

Potential Years of Life Lost

This is the number of years of life "lost" when a person dies prematurely before the age of 75 years. PYLL demonstrates the impact of certain illnesses or injuries on the people of the region. The potential years of life lost was consistently higher among males in the Assiniboine region.

Source: Manitoba Vital Statistics, analysis by Manitoba Health

Figure 1a
Assiniboine: PYLL Due to All Causes of Death
1992 to 2001



	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Male	2,433	2,642	2,701	2,888	2,970	3,154	2,054	2,691	2,254	2,563
Female	1,439	1,672	1,330	1,848	1,246	1,452	1,175	982	1,115	1,300

Causes of Death

The leading causes of death among residents of the Assiniboine region were: diseases of the circulatory system (eg. heart attack, strokes), cancer, respiratory disease, external causes, and diseases of the digestive system.

Source: Manitoba Health

Figure 7b
Leading Causes of Death Assiniboine Females
1992 to 2001

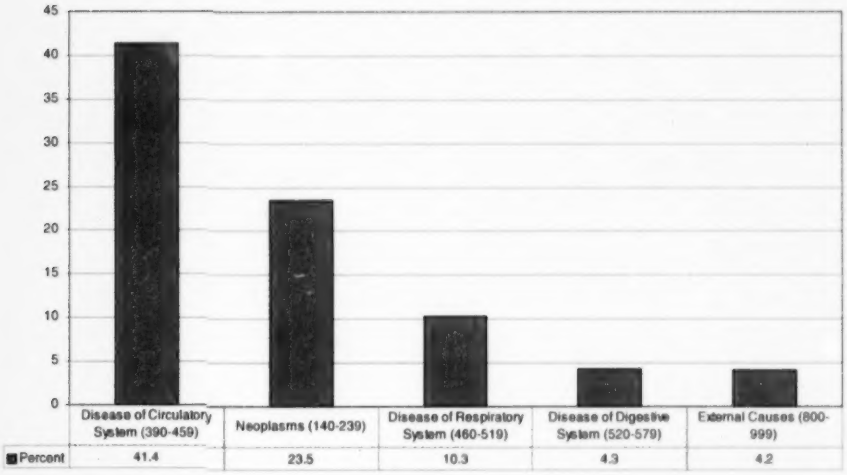
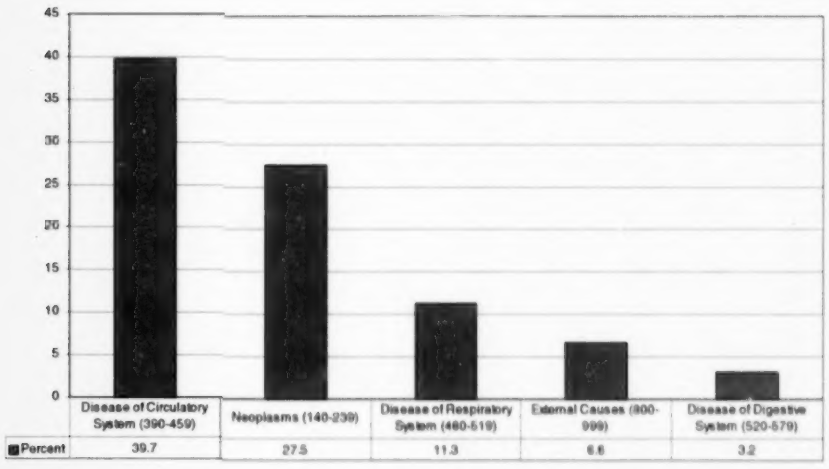


Figure 7a
Leading Causes of Death Assiniboine Males
1992 to 2001



Life Expectancy at Birth

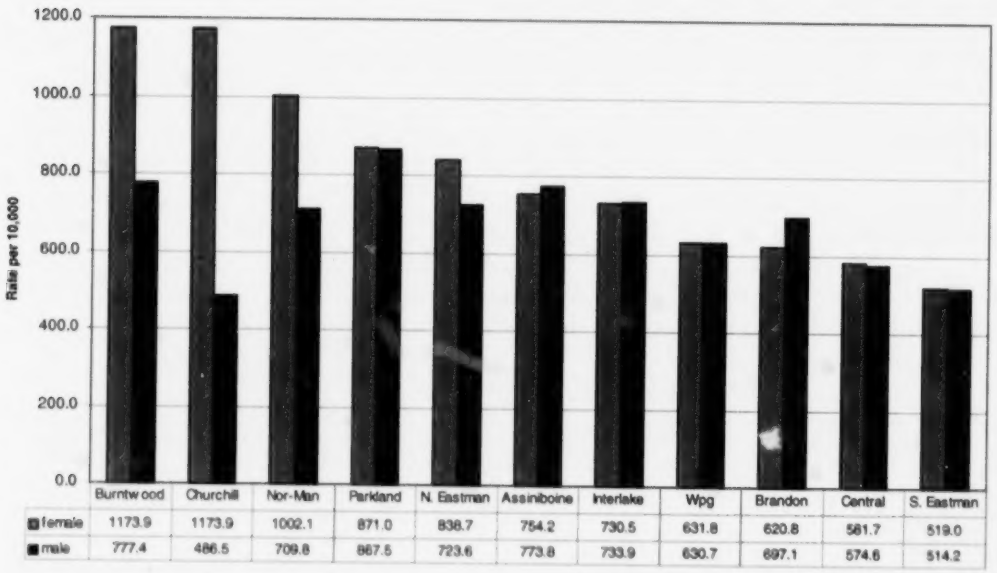
Life expectancy is a commonly misunderstood indicator. It measures the average number of years that a group of people born in a given year might live if mortality rates at each age for that year remained the same. Because mortality rates have been falling, life expectancy underestimates the actual number of years people born in that year can expect to live. The life expectancy at birth for Assiniboine males was 75.9 years, almost the same as the Manitoba average. The life expectancy for females in the Assiniboine region was higher than the Manitoba average, at 82.8 years.

Diabetes

Diabetes is a condition whose complications can lead to high use of health care services. The number of people diagnosed with diabetes in the Assiniboine region was slightly higher than the provincial average.

Source: Manitoba Health

Figure 15
Prevelance of Diabetes in Population aged 20 and over
1998/1999

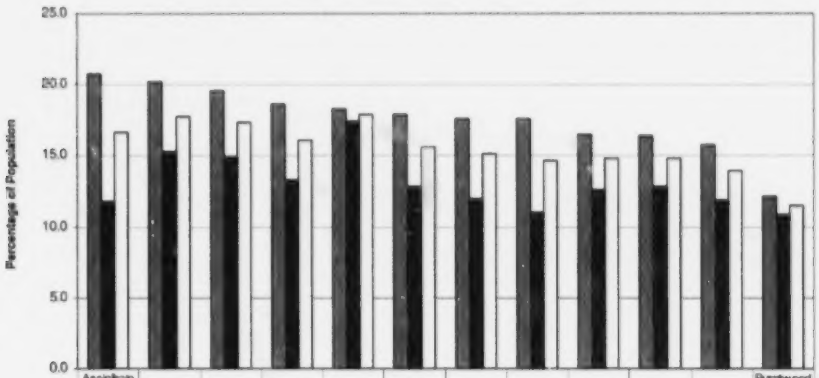


	Burntwood	Churchill	Nor-Man	Parkland	N. Eastman	Assiniboine	Interlake	Wpg	Brandon	Central	S. Eastman
female	1173.9	1173.9	1002.1	871.0	838.7	754.2	730.5	631.8	620.8	581.7	519.0
male	777.4	486.5	709.8	867.5	723.6	773.8	733.9	630.7	697.1	574.6	514.2

High Blood Pressure

High blood pressure puts people at risk for serious illness, such as heart attacks and stroke. Residents of the Assiniboine Regional Health Authority had a higher rate of people diagnosed with hypertension, or high blood pressure, than the provincial average.

Figure 17
Hypertension - Population Aged 12 and Older - 2001



	Assiniboine	N. Eastman	Interlake	Nor-Man	Parkland	Manitoba	Wpg	Central	Brandon	Canada	S. Eastman	Burntwood /Churchill
Female	20.6	20.2	19.6	18.6	18.3	17.9	17.6	17.6	16.5	16.4	15.7	12.1 (C)
Male	11.8	15.2	14.9 (C)	13.3 (C)	17.4	12.8	12.0	11.0 (C)	12.6	12.8	11.8 (C)	10.8 (C)
Both	16.6	17.7	17.3	16.0	17.1	15.6	15.1	14.7	14.8	14.8	13.9	11.5

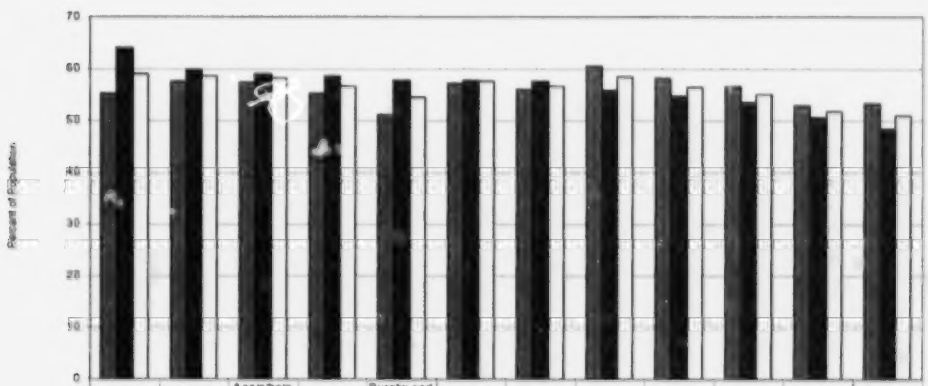
Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified by an (C) and should be interpreted with caution.

Source: 1996 Census of Canada, Special Purchase, Statistics Canada Data Consortium, Analyses by Manitoba Health

Self-rated Health

The way in which we rate our own health is an important general indicator of the overall health status of residents of our region. Self-rated health of Assiniboine Regional Health Authority residents was slightly higher than the provincial average.

Figure 20
Self-Rated Health Very Good or Excellent
2001

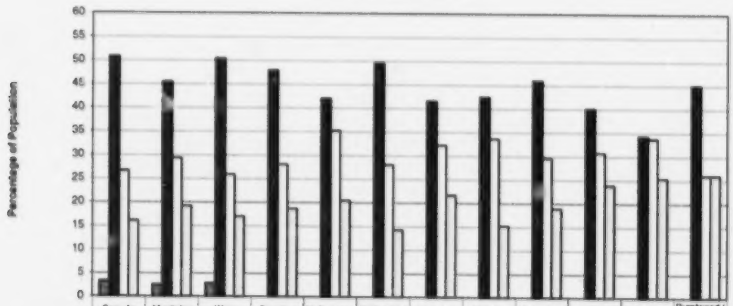


	Wpg	Canada	Assiniboine	Central	Burntwood /Churchill	Brandon	Manitoba	S. Eastman	Interlake	N. Eastman	Parkland	Nor-Man
Female	55.24	57.66	57.37	55.20	51.21	57.29	56.00	60.53	58.22	56.59	52.98	53.28
Male	64.07	59.75	59.10	58.55	57.92	57.91	57.57	55.92	54.78	53.52	50.53	48.44
Both	59.06	58.63	58.17	56.68	54.51	57.58	56.72	58.35	56.56	55.09	51.74	50.94

Body Mass Index

Carrying excess weight is considerecd to be a health risk. Calculating body mass index is one way of determinig if an individual's weight is in a healthy range based on their height. High body mass index is associated with risk of developing high blood pressure, diabetes, high cholesterol, and certain cancers. Thirty-five percent of men and almost 46% of women in the Assiniboine region reported a healthy body weight. It appears that males in the Assiniboine Regional Health Authority were more likely to be overweight than the combined Manitoba average.

Figure 23 b
Female Body Mass Index 2001

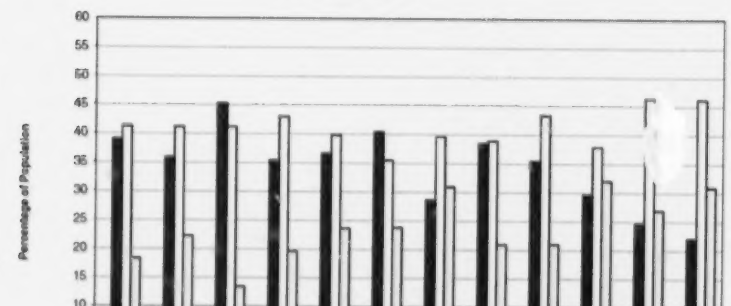


	Canada	Manitoba	Winnipeg	Brandon	N. Eastman	S. Eastman	Interlake	Central	Assiniboine	Parkland	Nor-Man	Burntwood/ Churchill
Under 18.5 (Underweight)	3.32	2.52	2.85 (C)	(F)	(F)	(F)	(F)	(F)	(F)	(F)	(F)	(F)
18.5-24.9 (Acceptable weight)	50.80	45.42	50.36	47.88	41.99	49.57	41.53	42.40	45.91	40.00	34.27	44.97
25-29.9 (Overweight)	28.62	29.34	25.82	27.97	35.19	28.02	32.20	33.60	29.56	30.63	33.71	25.13
30 or higher (Obese)	16.06	19.18	16.98	18.64	20.37	14.22	21.81	15.20	18.67	23.75	25.28	25.93

Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified by an (C) and should be interpreted with caution.
Data with a coefficient of variation (CV) greater than 33.3% were suppressed (F) due to extreme sampling variability.

Statistics Canada, Canadian Community Health Survey Cycle 1.1, data analysis by Manitoba Health

Figure 23 a
Male Body Mass Index 2001



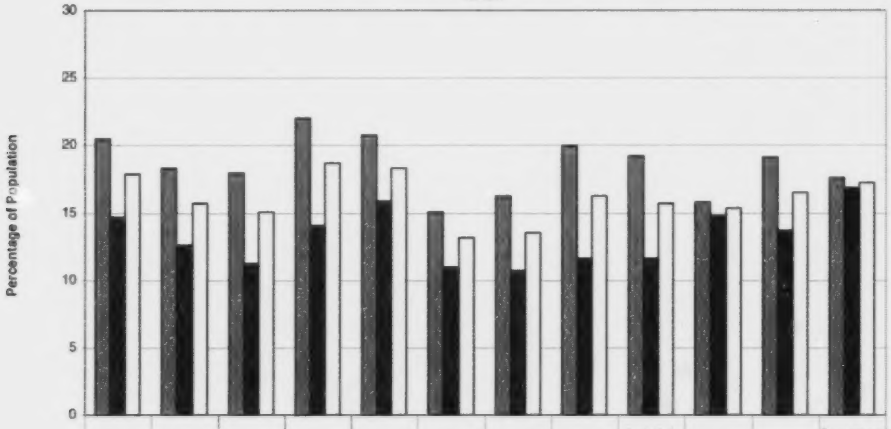
	Canada	Manitoba	Winnipeg	Brandon	N. Eastman	S. Eastman	Interlake	Central	Assiniboine	Parkland	Nor-Man	Burntwood/ Churchill
Under 18.5 (Underweight)	0.93	(F)	(F)	(F)	(F)	(F)	(F)	(F)	(F)	(F)	(F)	(F)
18.5-24.9 (Acceptable weight)	30.04	35.97	45.20	35.33	36.83	40.42	39.57	38.43	36.46	28.69 (C)	24.67 (C)	21.59
25-29.9 (Overweight)	41.27	41.11	41.14	42.84	39.75	35.42	39.63	38.66	43.33	37.87	40.29	46.07
30 or higher (Obese)	18.04	22.19	13.33	19.57	23.60	23.75	30.58	20.83	20.61	31.66	34.84	30.66

Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified by an (C) and should be interpreted with caution.
Data with a coefficient of variation (CV) greater than 33.3% were suppressed (F) due to extreme sampling variability.

Dietary Practices

Eating five or more servings of fruit and vegetables a day is a recommendation of the Canada's Food Guide to Healthy Eating. It appears that a smaller proportion on men, and a larger proportion of women in the Assiniboine region ate the recommended amount of fruits and vegetables per day in 2001 than all Manitoba men and women combined.

Figure 24
Percentage of the Population aged 12 and Over Who Consumed Five or More Servings of Fruits & Vegetables per Day
2001



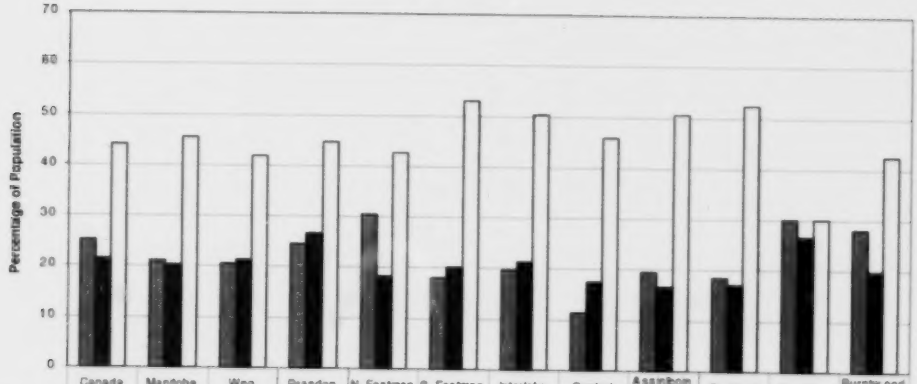
	Canada	Manitoba	Wpg	Brandon	N. Eastman	S. Eastman	Interlake	Central	Assiniboine	Parkland	Nor-Man	Burntwood /Churchill
Female	20.53	18.35	17.95	22.02	20.74	15.07	16.19	19.98	19.21	15.76	19.16	17.54
Male	14.70	12.56	11.22	14.03	15.82	10.95	10.67	11.59	11.63	14.77	13.67	16.88
Both	17.84	15.68	15.02	18.63	18.29	13.11	13.53	16.26	15.70	15.28	16.51	17.21

Source: Statistics Canada, Canadian Community Health Survey Cycle 1.1, data analysis by Manitoba Health

Physical Activity

Physical activity is an important part of keeping healthy. A lack of physical activity is associated with increased risk of several chronic diseases, such as heart disease, high blood pressure, obesity, colorectal cancer, breast cancer, osteoarthritis, and depression. It appears that a greater proportion of residents of the Assiniboine region were inactive than all Manitobans combined.

Figure 27a
Males Levels of Leisure Time Physical Activity
2001

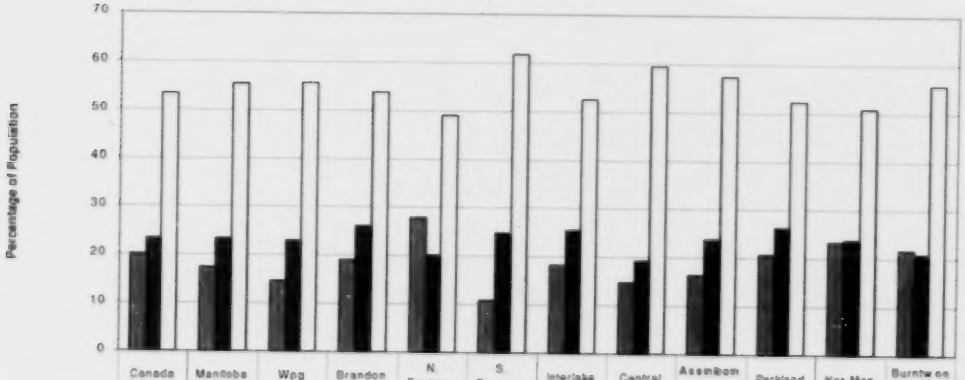


	Canada	Manitoba	Wpg	Brandon	N. Eastman	S. Eastman	Interlake	Central	Assiniboine	Parkland	Nor-Man	Burntwood /Churchill
ACTIVE	25.20	21.19	20.58	24.46	30.47	18.05	19.66	11.30 (C)	18.51	18.51	30.08	27.92
MODERATE	21.54	20.33	21.40	26.62	18.36	20.12	21.35	17.39	16.70	17.08	26.56	19.59 (C)
INACTIVE	44.01	45.50	41.74	44.60	42.58	52.98	50.28	45.80	50.47	52.31	30.08	42.50

Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified by an (C) and should be interpreted with caution.
Data with a coefficient of variation (CV) greater than 33.3% were suppressed (F) due to extreme sampling variability.

Source: Statistics Canada, Canadian Community Health Survey Cycle 1.1, data analysis by Manitoba Health

Figure 27b
Females Levels of Leisure Time Physical Activity
2001



	Canada	Manitoba	Wpg	Brandon	N. Eastman	S. Eastman	Interlake	Central	Assiniboine	Parkland	Nor-Man	Burntwood /Churchill
ACTIVE	20.01	17.41	14.59	19.10	27.91 (C)	10.93 (C)	19.28	14.76	16.37	20.98	23.36	21.77
MODERATE	23.29	23.33	23.01	25.99	20.16	24.90	25.33	19.17	23.92	26.10	23.72	20.97 (C)
INACTIVE	53.15	55.31	55.42	53.56	48.84	61.60	52.48	59.35	57.37	52.20	50.73	55.65

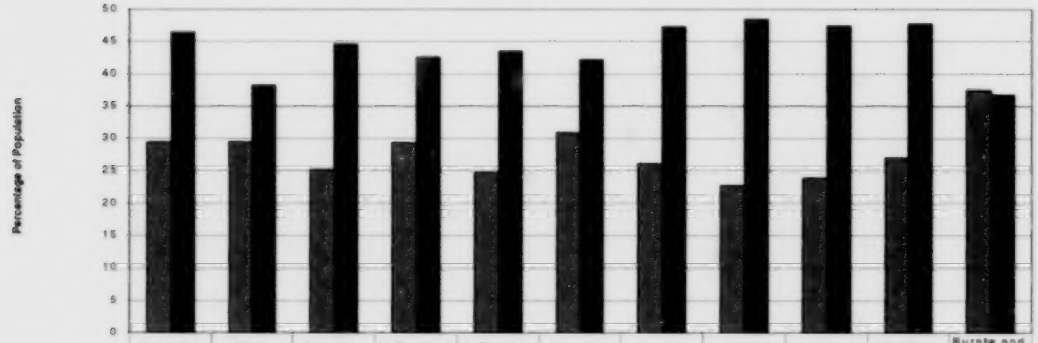
Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified by an (C) and should be interpreted with caution.
Data with a coefficient of variation (CV) greater than 33.3% were suppressed (F) due to extreme sampling variability.

Smoking

Smoking is a significant cause of avoidable illness and death. According to the Canadian Community Health Survey, the Assiniboine Regional Health Authority has the lowest number of smokers in the province.

Source: Statistics Canada, Canadian Community Health Survey Cycle 1.1, and data analysis by Manitoba Health

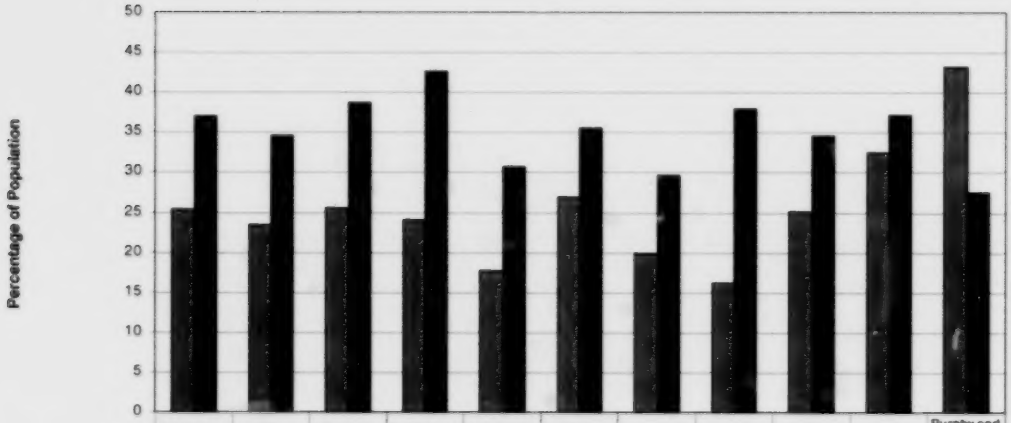
Figure 28a
Smokers & Former Smokers - Males Aged 12 and Over
2001



	Manitoba	Wpg	Brandon	N. Eastman	S. Eastman	Interlake	Central	Assiniboine	Parkland	Nor-Man	Burntwood /Churchill
Smokers	29.37	29.42	25.18	29.30	24.85	30.90	26.09	22.70	23.84	26.95	37.50
Former Smokers	46.33	38.26	44.60	42.58	43.49	42.14	47.25	48.41	47.33	47.66	36.67

Data with a coefficient of variation (C.V.) from 16.6% to 33.3% are identified by an (C) and should be interpreted with caution.
Data with a coefficient of variation (C.V.) greater than 33.3% were suppressed (F) due to extreme sampling variability.

Figure 28b
Smokers & Former Smokers - Females aged 12 and Over
2001



	Manitoba	Wpg	Brandon	N. Eastman	S. Eastman	Interlake	Central	Assiniboine	Parkland	Nor-Man	Burntwood /Churchill
Smokers	25.31	23.46	25.46	24.03 (C)	17.60	26.89	19.86	16.21	25.08	32.48	43.15
Former Smokers	36.98	34.56	38.73	42.64	30.67	35.51	29.56	37.93	34.58	37.23	27.42

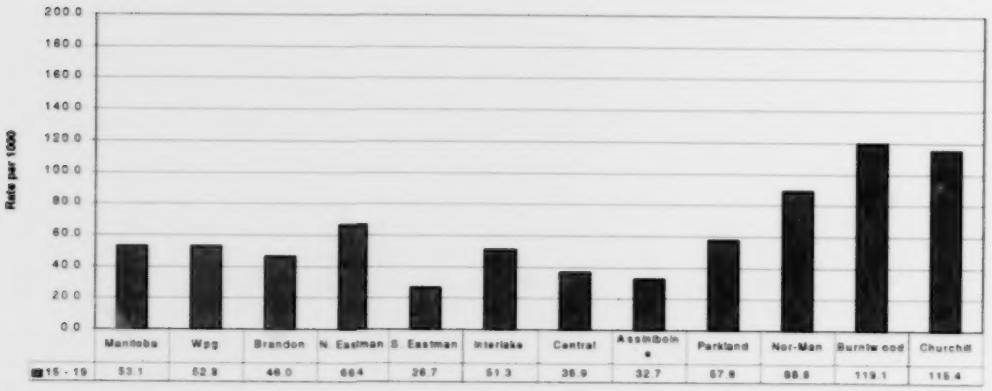
Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified by an (C) and should be interpreted with caution.
Data with a coefficient of variation (CV) greater than 33.3% were suppressed (F) due to extreme sampling variability.

Teenage Pregnancy

The consequences of teenage pregnancy may include physical, social and psychological risks to mother and baby. The rate of teenage pregnancy for girls aged 15 to 19 years in the Assiniboine region was the second lowest in the province in 2001/02.

Source: Manitoba Health

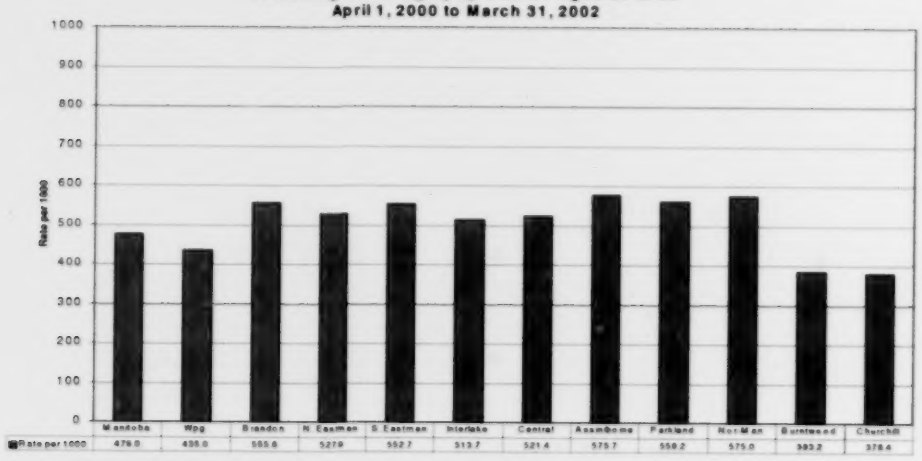
Figure 40b
Teenage Pregnancy Rates (Aged 15 to 19 Years)
2001/2002



Screening Mammography

According to the Canadian Task force for Preventive Care, there is good evidence supporting screening women aged 50 to 69 years for breast cancer by clinical examination and mammography every 1 to 2 years. The rate of screening mammography for women of the Assiniboine region in this age category is the highest in the province.

Figure 56
Screening Mammography Women Aged 50 to 69
April 1, 2000 to March 31, 2002



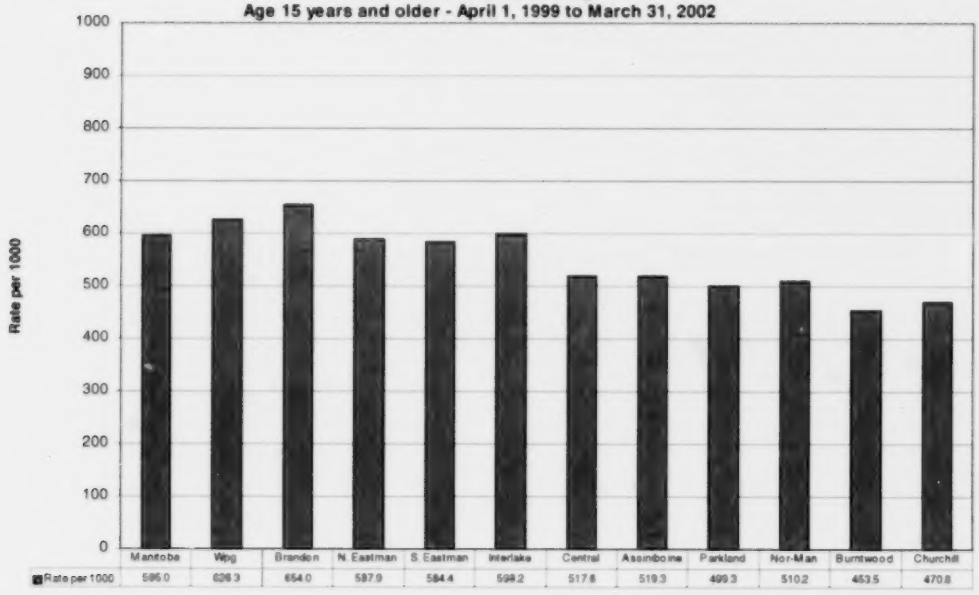
Source: Manitoba Health

Cervical Cancer Screening

Cervical cancer screening, or Pap smears, can detect early changes in cells of the cervix. Early detection and treatment of cervical cancer is an effective way of protecting the health of women. Women in the Assiniboine region appear to have been less likely to be screened for cervical cancer than all Manitoba women combined.

Source: Manitoba Health

Figure 57
Cervical Cancer Screening
Age 15 years and older - April 1, 1999 to March 31, 2002



Core Services
2002 / 2003 Activities

The Assiniboine Regional Health Authority has the responsibility for ensuring reasonable access for the residents of the Assiniboine region, to a range of core health services.

Public Health

In the Assiniboine RHA, Public Health has the responsibility for delivering programs and services in Health Promotion / Education, Health Protection, and Prevention. Staff in the Public Health program fulfill their responsibilities by working collaboratively with staff of other ARHA programs, as well as partners in education, family services, environment, justice, agriculture, private agencies, community groups, municipal governments and the business sector.

ARHA Public Health employs:

- 14.8 EFT Public Health Nurses
- 0.9 EFT Immunization Coordinator
- 1.5 EFT Health Promotion Coordinators
- 1.9 EFT Dietitians
- 12.75 EFT Home Visitors
- 1.0 EFT Preschool Programs Coordinator
- 1.6 EFT Speech / Language Pathologists

Health Promotion / Education

- Healthy Grocery Store Tours and Suppertime Survival Cooking Classes were offered in approximately 15 communities.
- Community Kitchen Pilot project presently in one community. Partnership with ministerial, Salvation Army, Baby First, Community and Healthy Baby project. Knowledge and skills in areas of healthy lifestyle choices, nutrition, budgeting, early childhood development, and parenting issues are addressed.
- Interactive Nutrition displays developed and used for Preschool Wellness Fairs and Seniors Health Fairs.
- "Nutrition Traveling Road Show" – a drama / comedy production, created by a partnership of ARHA, Brandon RHA and Manitoba Metis Federation to educate the aboriginal community about the role of nutrition in diabetes prevention.
- Assiniboine RHA partnered with Manitoba Lung Association and RANA Medical to sponsor portfolios for middle years students: 50 Reasons to Not Smoke / 50 Things to do Instead of Smoking.
- ARHA staff partnered with Westman Healthy Lifestyles Coalition to develop and promote strategies and

activities related to Healthy Eating, Physical Activity and Tobacco Prevention and Cessation. "Turn It Off and Move it Manitoba" was the Winter Active Promotion in February 2003.

- Presentation was made to Brandon City Council in November 2002 supporting the Smoke Free Bylaw.

Health Protection

These services safeguard the health and safety of the public and include communicable disease control (eg. immunization programs), protection from injury, mandated environmental health protection, and Medical Officer of Health services.

The annual flu immunization campaign was held in October / November 2002. 9190 doses were given to community members and 947 doses were provided to ARHA staff.

In addition to flu vaccine, 1247 pneumococcal vaccines were provided in 2002 – 2003.

From January to December 2002, there were 220 reportable communicable diseases, 72 sexually transmitted diseases, and 51 positive rabies submissions.

Staff also spent considerable time in collaboration developing effective communication and processes related to new and emerging diseases eg. West Nile Virus, SARS.

Prevention & Community Health Services

These services are provided for persons, families and community groups who are at risk for developing a health problem, disease or disorder.

Reproductive & Family Health

- Public Health Nurses had 9,818 contacts with the maternal child population.
- The Baby First program provided support to 107 families in 2002/2003.
- The Healthy Baby Project provided programming in 23 communities in the Assiniboine region in 2002/2003. The goal of the Assiniboine Healthy Baby Project is to support all prenatal and preschool families through programming by provision of knowledge and skills that enhance healthy lifestyle choices for pregnant women, support the delivery of healthy birth weight babies and provide for positive childbirth experience. In 2002/2003, 1555 contacts were made through the program.
- Early Childhood Intervention programs (ie. preschool assessments) are provided throughout the region. In Assiniboine (south), preschool assessments occur through the preschool Wellness Fairs for population from 0 – 4 years. This model utilizes various community partners to provide comprehensive screening, referral and education day. Eight Preschool Wellness days were held in 2002/03, with a total of 310 children receiving developmental screening, 305 speech and language screening, 341 hearing and 313 vision screening. In Assiniboine (north), preschool assessments are done by the Public Health Nurse at a developmental clinic. A

comprehensive screening is done with each child one on one and follow up done with parents to discuss each child's strengths and possible need for referral.

- Reproductive Health Services were offered through all health units in the ARHA with a total of 569 clients seen. Public Health Nurses adjusted their working hours to allow for greater access for the student population.
- Healthy Schools Pilot Project was funded in 2002 as a partnership between Fort La Bosse School Division, the Assiniboine RHA, and Manitoba Health, Healthy Child Manitoba. This project is based on a comprehensive school health model intended to promote health and wellness of students, families, school staff and school communities.

Women's Health

- A women's health clinic is held in Melita and Boissevain. As well as the clinical component, there is a monthly educational component for the communities.
- A Lunch & Learn Women's Health series exists in 4 communities addressing a number of women's health issues. These sessions have resulted in over 1500 contacts.

Prairie Health Matters

- Prairie Health Matters, a program of the Assiniboine and Brandon RHAs, provides educational services for the public on healthy heart, diabetes and a healthy lifestyle.
- Prairie Health Matters provided a total of 172 classes in the region. During 2002/03, 735 clients were seen for a total of 1178 client contacts.

Regional Community Respiratory Program

- RANA Medical continued to hold regular Community Respiratory Health Clinics in Birtle, Neepawa, Rivers, Russell, Treherne, Deloraine, Souris and Virden throughout 2002 –2003. There were a total of 124 initial referrals and 323 follow up visits. The number of new referrals for 2002/03 decreased by 17.2% from 2001/02 and a decrease of 14% for follow up visits. It was also decided to relocate 2 clinics, Rivers and Souris, and initiate clinics in Minnedosa and Killarney.

Treatment, Emergency & Diagnostic Services

Treatment Services

The Assiniboine RHA has a total of 361 acute care beds in 20 facilities. This equates to 4.9 beds per 1000 population – the highest in the province.

For 2002 – 2003, the average occupancy of our acute care facilities was 55.16%. Outpatient visits, including scheduled visits and emergency room visits totaled 63,539 for the region.

Specialized programs continue to be offered in several sites.

- Low Risk Obstetrics are provided in Hamiota (13 births), Minnedosa (34 births), Neepawa (72 births)
- Surgery services are provided in Minnedosa, Neepawa, Hamiota (itinerant surgeon / anesthestist), Souris (itinerant surgeon, no general anesthestics)
- Approved Cancer Care programs are offered in Neepawa (full program), Hamiota (satellite), Russell (satellite)
- Plans are underway to open a 12 station Hemodialysis unit in Russell in 2004.

The sustainability of all services is questionable given numerous challenges, the most evident and prevalent at this point in time being human resource issues on many fronts. These issues are likely to worsen, at least in the short term, and will need to be addressed in the interest of continued viability of services in rural areas.

Physician Services

There are currently 61 full time physicians and 5 part time physicians working in 20 main locations and 6 satellite locations. Presently, there are 34.5 remunerated under the Fee for Service system, while the remainder are under the alternate payment systems of salary or independent contract.

Physician recruitment and retention continues to be an ongoing challenge for the region. From April 1, 2002 until March 31, 2003, the region saw 6 physician resignations. In the same time period, the ARHA recruited 7 physicians.

Several of the region's medical staff participate on the Medical Advisory Committee (MAC). The MAC is comprised of 11 physicians from around the region. The Medical Advisory Committee was very active during this year assisting in the transition. The MAC provides valuable input into executive decisions and those of the Board of Directors, as well as ensuring that all physicians hold valid privileges.

Members of the ARHA Medical Advisory Committee are:

- Dr. Chris Burnett, Co-chair
- Dr. David Cram, Co-chair
- Dr. Mike Fitzgerald
- Dr. Kiron Mallick
- Dr. Walter Swanepoel
- Dr. Allan Ranson

- Dr. Andre Celliers
- Dr. Rob Poettcker
- Dr. Elize Barnard
- Dr. Elise Weiss
- Dr. Doug Beauchamp
- Dr. Anita Vermaak
- Dr. Dan Onyshko
- Dr. Marius vanVuuren

Emergency Medical Services

The Assiniboine Regional Health Authority operates 25 ambulance stations with 32 ambulances. The Melita and Neepawa Ambulance Services are operated through a service purchase agreement.

The Emergency Medical Services program employs 40 full time, 4 part time and 247 casual staff. In 2002 – 2003, Assiniboine EMS responded to 5437 calls (2666 primary response, 2771 interfacility response).

In addition to providing emergency response, the EMS staff are active in Injury Prevention programs including:

- Bicycle Safety
- Progressive Farm Day Camps
- Fall Prevention Program
- ABC Farm Safety
- Car Seat Safety

Diagnostics

The Assiniboine RHA has 21 diagnostic service sites which, in 2002 – 2003, provided:

- 49,717 X-Ray Exams
- 23,690 EKG Exams
- 850,283 Lab Exams

Several sites in the region received new equipment in 2002 – 2003.

- Neepawa Diagnostics Unit received a new General / Fluroscopy Radiography Suite and Computer Radiology. A new Chemistry Analyzer was also approved for Neepawa.
- Russell Diagnostics Unit has a new ACL – 1000 Analyzer which is used to determine how quickly your blood clots. With the assistance of TeleHealth Manitoba and the Banner County Foundation, a new Computer Radiology suite was also approved for Russell.
- Rivers received a new Hematology analyzer.

- Souris, Treherne and Virden all received new ACL 1000 Analyzer
- Blood Bank Fridges were purchased for 15 sites in the region.

Total new equipment in the ARHA for 2002 – 2003 valued $1.5 million dollars.

Development and Rehabilitation Support Services

Adult physiotherapy and occupational therapy services continue to be purchased through Community Therapy Services. Community Therapy Services is based in Winnipeg and is the direct employer of the therapists working in Assiniboine.

Physiotherapists work primarily in hospitals and provide assessment, treatment and education to both inpatients and outpatients. They use methods such as exercise programs, ultrasound and muscle stimulation to assist in the recovery from illness or injury. There are currently 7.1 EFT physiotherapists providing services in Assiniboine. Waiting lists exist in all centres where physiotherapy is provided and patients with third party coverage are often encouraged to contact private physiotherapy clinics.

Occupational therapists are based primarily in the community. They assess clients and make recommendations that address problems in physical or functional status. The focus is on assisting clients to maintain optimum independence and health within their abilities. This may involve making adaptations to the environment, utilizing specialized equipment, and training client and family members in new skills. Currently, there are 3.6 EFT Occupational Therapists providing service in the Assiniboine region. There are significant retention and recruitment issues affecting occupational therapy service in the region. Unfilled vacancies have resulted in several areas of the region without access to occupational therapy.

The Inpatient Rehab program in Shoal Lake was temporarily suspended due to human shortages of trained Rehab Aides. The program is anticipated to be re-started in January 2004.

Three hundred fifty three preschool children were seen for Speech and Language Services in the ARHA in 2002/2003. Speech and Language Services are provided in the ARHA through two different service delivery models. In ARHA (south) Promise Years Preschool Speech and Language Program is a partnership between the ARHA and Fort la Bosse, Prairie Spirit, South West Horizon and Turtle Mountain School Division. This model uses funding from Manitoba Health to enhance the Speech Language Pathologist staffing within the school system. In this model, speech therapists provide service to children from preschool through to school age, ensuring early intervention and seamless transition to school programming. The Speech and Language model (north) consists of two speech therapists that provide service to the preschool population. The service is delivered out of 3 clinics.

There are no Speech Language Pathologist services available for adults in the Assiniboine region. Adults requiring this service must go to Brandon for outpatient therapy at the hospital, or to a private Speech Language Pathologist.

Home Based Care Services

These services include the Home Care program as well as linkages with Palliative Care, Adult Day Program, and Support Services to Seniors programs.

The Assiniboine Regional Health Authority has 14.5 EFT Home Care Case Coordinators, 12.5 EFT Home Care Resource Coordinators, and approximately 400 Direct Service staff.

Available Home Care services include: Assessment and care planning, Case Management/Case Coordination, assistance with personal care and activities of daily living, nursing care, respite care, adult day program, community therapy services, equipment / medical supplies, home oxygen program, self managed care / family managed care options.

In 2002/ 2003, the Home Care Program provided direct service to 2,260 clients. This represents a 5% increase in the number of clients, however, there has been a slight decrease in the average hours of service per client.

In the 2002/2003 fiscal year, 283 clients were paneled for admission to Personal Care Homes. The average number of cases per Case Coordinator EFT is 105, well above the suggested guideline of 65 cases / Case Coordinator.

The region continues to experience shortages of trained Home Care Attendants in some areas. A Recruitment & Retention committee is looking at various strategies to ensure an adequate number of qualified Home Care attendants to meet future needs.

A Skills Enhancement Lab has been developed to ensure HCAs / HSWs have an opportunity to regularly review and update their skills on an ongoing basis. These labs are held in four locations on a rotating basis throughout the region.

A community Elder Abuse Resource Guide has been developed by the multidisciplinary Elder Abuse Task Force. The focus of this guide is to help health care providers and other agencies recognize and effectively respond to elder abuse.

Support Services to Seniors

The Assiniboine RHA continues to provide a supportive and consultative role with Support Services to Seniors Boards and their employees.

In 2002/2003, services were provided to over 50% of seniors in the Assiniboine region.

In March 2003, the Assiniboine RHA, in partnership with local Seniors Services boards, launched the ERIK program, a new initiative aimed at the health of seniors. ERIK is an Emergency Response Information Kit designed to provide vital medial information to health care personnel responding to emergency situations. The goal of the program is to make the kit available free of charge to every resident of the Assiniboine region over 70 years of age. An ERIK Advisory Committee, comprised of ARHA and Senior Services' representatives, began fundraising in December 2002. Community education sessions were provided across the region by ARHA Emergency Services staff.

Palliative Care

Palliative Care is the active, compassionate care of the chronically and terminally ill, primarily directed towards improving the quality of life at a time when there is a not a cure. The emphasis on palliative care throughout the region is on control of pain and symptoms, and meeting the physical, emotional, spiritual, social and cultural needs of the client and their family. It is multi-disciplinary in its approach, encompassing the client, family, caregivers, and the community in its scope and extends to include grief and bereavement.

In 2002 – 2003, 297 palliative care clients were enrolled in the Assiniboine Regional Palliative Care program. Of these, 37% were over the age of 81; 27% between the ages of 71 – 80; and the remainder were under 70. The length of time on the program was: 28% of clients were on the program for 1 month; 11% for 2 months; 6% for 3 months. The remaining 15% of clients were on the program from 4 – 12 months, with only a few clients being on the program for longer than 12 months.

In December 2002, Manitoba Health launched the Palliative Care Drug Access Program which provides eligible prescription drugs at no charge to palliative patients at the end stages of life. 32 Assiniboine residents were approved for this program.

The Assiniboine region currently has 204 active, trained volunteers in the Palliative Care program.

Adult Day Programs

Adult Day programs are an important resource for providing recreational, social and peer group interaction which cannot be provided in a person's home. The primary goal of this program is to strengthen the client's ability to function within their own home by preventing physical and mental deterioration which so often results from social isolation and loneliness. These programs also provide caregivers with much needed respite. There are 14 programs with 202 spaces / week across the region. There were a total of 6,737 visits and 2,339 meal days attributed to the program in 2002 – 2003.

Long Term Care

The goal of Long Term Care is to provide personal care protection for those individuals who are not able to remain in their own homes due to physical, social or psychological challenges.

There are 28 Personal Care Homes across the Assiniboine region with a total of 917 beds. Close to 80% of PCH residents are admitted with Level 3 & 4 care needs. The average age of our residents is 84.

Activities or Recreational Therapy services are provided at all Assiniboine PCHs. Organized activities provide residents with opportunities for meaningful social interaction and allow them to remain active within a context that is appropriate for their needs and interests. Activities are planned so as to restore, support or enhance social, physical, emotional and spiritual wellbeing.

Bath programs are also available at most facilities throughout the region as an outreach service to community members. Currently programs exist in Rivers, Melita, Deloraine, Rossburn, Virden, Hartney, Reston, Glenboro, Treherne, Wawanesa, Baldur, Boissevain, Neepawa, Elkhorn, Shoal Lake, Killarney, Erickson, Minnedosa and Cartwright. On average, there are 55 – 60 baths provided weekly.

The Long Term Care program continues to face challenges in the availability of human resources as well as challenges with staffing levels and staffing mix to address the higher and more complex needs of the residents who are being admitted to the PCH today. The number of residents requiring periods of one-on-one supervision to manage challenging behaviour related to cognitive impairments has been increasing and has resulted in significant staffing costs.

As a result of the amalgamation, the Long Term Care program has experienced some restructuring. In addition, a Long Term Care Planning Committee and a Regional Recreational Therapies Committee have been established.

Mental Health

The Mental Health program ensures that those who suffer from mental distress receive the care, services and support they need to live with optimal independence and health status. Mental Health services are provided to the residents of the Assiniboine region across the age continuum.

Child and Adolescent services are provided by 4.0 EFT workers. There were 226 active cases during 2002 – 2003. This equates to an average caseload of 50 cases per worker, which considerably exceeds the Manitoba Health recommendation of 35 cases / worker. A waiting list exists of approximately 12 - 15 clients / worker.

Adult Mental Health services in Assiniboine are provided by 10.0 EFT workers with a total of 464 active cases in 2002-2003.

Proctor services, in the Assiniboine region, provide local support to clients with Severe and Persistent Mental Illness/Severe Mental Illness, living in community, to assist in ensuring wellness and maintenance of health and early identification of relapse. Since the introduction of the program in Assiniboine, proctor supports have reduced admissions of long term mentally ill clients to acute care centres. In 2002 – 2003, the ARHA had 59 proctor service agreements with clients in the region. Challenges in the proctor program include: supervision of proctors, lack of funding and increasing need.

The Assiniboine RHA has two active Community Trauma Response teams which are multidisciplinary teams who are available to respond to tragic events across the region. The Teams responded to 9 traumatic events impacting community residents during the 2002/ 2003 year.

The ARHA Mental Health Team is also very active in prevention and promotion activities in the region. Activities in 2002 / 2003 included:

- I'm A Thumbody – this health promotion strategy focuses on building children's self-esteem. 6 sessions were presented to 107 grade 3 students.
- Suicide Prevention & Implementation Network – these prevention education sessions have been hosted within high school classrooms and within the community. Skills training in prevention of suicide has also been offered within the Region in 4 sites to approximately 80 health care and community helpers. Postvention support for the bereaved has been provided through the Community Trauma Team. A Compassion Fatigue session was hosted in Waywayseecappo to 30 professional and volunteer helpers.
- Body Image Network – This network has held 30 sessions in middle years classrooms, peer helpers groups and within community groups on the subject of preventing eating disorders. A very successful community education session was held in Russell with over 180 mothers & daughters attending.
- Stress – Surviving and Thriving Sessions
- Anger Management Sessions
- Wellness Fairs / Events
- Self Help Groups – Three groups – Anxiety Disorders of Manitoba, Manitoba Schizophrenia Society and Mood Disorders – have been very active throughout the region in hosting individual counselling, peer support groups, referral services and family & community support sessions.

Services provided by the Brandon RHA to the Assiniboine region include: Mental Health Services for the Elderly; Mobile Crisis Unit; Crisis Stabilization Unit; Acute Care Inpatient; Rehabilitation; Self-help consumer groups; private counselling.

Substance Abuse and Addictions

Substance Abuse and Addictions services are provided to the Assiniboine region primarily through the Addictions Foundation of Manitoba. The Addictions Foundation of Manitoba has a provincial mandate to provide prevention, education, and rehabilitation

programs related to chemical misuse, chemical dependency, and problem gambling for individuals and communities.

The local Addiction Foundation of Manitoba workers provide weekly service to a number of communities throughout the Assiniboine region. Base sites in the Assiniboine region are located in Rossburn, Neepawa, Killarney and Virden.

Programs include assessment and referral with regard to alcohol, street drugs, prescription medications, gambling, and solvent abuse. Specific programs include non-residential counselling for the both the addicted person and affected family members, the family program specific to those who live with or are associated with a chemically dependent individual, youth assessments, as well as referral to residential programs for youth and adults in the areas of alcohol, drugs, and gambling. The Foundation is also responsible for the Impaired Drivers program.

Corporate Services

Finance Services

The Assiniboine Regional Health Authority Financial Services department is responsible for financial and statistical budgeting, recording and reporting in accordance with generally accepted accounting principles, Board policy and Manitoba Health policies and guidelines.

The July 1, 2002 amalgamation of the Marquette and South Westman Regional Health Authorities has had a significant impact on the Financial Services department. The following changes have occurred in 2002/03:

- Amalgamation of the General Ledger – November 1, 2002
- Centralization of the Accounts Payable functions
- Amalgamation of the region's payroll to an in-house system – January 1, 2003
- Review of the Staff Scheduling system (ESP) to determine the set up within the region
- Amalgamation of Revenue Canada Business and payroll related remittance numbers
- Communication regarding the amalgamation with internal and external stakeholders

While a great deal of work and changes have occurred within the Financial Services department in 2002 / 2003, many financial procedures and practices remain to be streamlined and standardized.

Audited Financial Statements, including the Statement of Financial Position (Balance Sheet) and Statement of Operations, for the year ended March 31, 2003 are attached. The Statement of Operations is reporting a funding shortfall of $927,161 as of March 31,

2003. A significant portion of the funding shortfall, $330,845, is attributable to amalgamation / transition costs.

In accordance with Bill 57 of the Public Sector Compensation Disclosure Act, the Auditors' Report on Compliance with Bill 57 for the Assiniboine Regional Health Authority is available by contacting the ARHA Corporate Office at (204)483-5000 or 1-888-682-2253.

Programs & Services Management Restructuring

As a result of the amalgamation of the Marquette and South Westman RHAs, a Programs and Services Management restructuring process began in May 2002.

A Programs and Services Management Model Planning Team was developed which include EMS, Public Health, Home Care, Community Mental Health, Diagnostics, Acute/Long Term Care.

After 7 months of planning, recommendations were put forth and approved by Executive Team. The Acute/ Long Term Care had the most complex process to work through, given the significant variances in the management model of the two former regions. The new model resulted in the elimination of 4.5 EFT senior management positions. The administrative component of Coordinator positions across ARHA resulted in a net loss of .5 EFT (neither the lowest or highest common denominator were used). The overall restructuring of acute / long term care management resulted in significant fiscal savings.

A formal evaluation will be completed within one year.

Human Resources

The amalgamation of the former South Westman and Marquette Health Regions into the Assiniboine Regional Health Authority has produced dynamic change in the area of Human Resources. The number of staff has increased to approximately 3,100 employees, the majority of which are members of one or more of five bargaining units. These units include:

- Manitoba Nurses' Union
- Canadian Union of Public Employees
- Manitoba Government & General Employees Union
- Technical / Professional / Paramedical Unit and
- Manitoba Medical Association

The amalgamation has presented a unique set of administrative and leadership challenges that range from the vast geographic expanses of the new region, and the differences in policy, procedure and collective agreement interpretation and implementation. The ARHA continues to standardize human resources policies,

procedures, position descriptions and collective agreement interpretations and implementation.

Through the opportunity of attrition, Human Resources Services has undergone a recent reorganization that has seen the replacement of one of two Human Resources Managers (in place by the former Health Regions) with two Human Resources Officers. One of the Human Resources Officers positions was made available as the result of an injury accommodation of an existing employee. The second Human Resources officer was hired internally.

The objective of Human Resources Services is to support the ARHA operational requirements and strategies to maintain services and create conditions that encourage employee motivation and commitment. During these times of a shortage of health care professionals, particularly of nurses, lab & x-ray technicians, physicians and therapist, the lack of these classifications of personnel has been an ongoing and growing problem. The organization has undertaken active steps through collaboration with educational institutions, at recruitment fairs, by increasing Internet recruitment and by working with recruitment agencies to help improve this situation. However, the ARHA continues to experience a shortage of professionals in these competency areas and expects that this trend will continue for some time.

Recruitment Efforts:

Assiniboine Regional Health Authority has participated in a variety of recruitment fairs over the past fiscal year. Some events included:

- Rural Nursing Conference
- University of Manitoba Career Fair
- Assiniboine Community College Career Fair
- University of Manitoba Family Medicine Retreat – Elkhorn Resort
- Brandon Career Symposium

Information Technology

Accomplishments:

- Established one e-mail system for ARHA (from two former domains)
- Established Trouble Desk handling an average of 200 calls per month
- To date, in excess of 130 additional users have been added to the ARHA Network system
- Establishing Regional Networking system using PDN
- Merged Financials, Staff Scheduling and Payroll into Regional Networked systems

Future Planning:

- Finalize installation of LAN drops in South sites – currently 8 sites remaining (providing regional networking for financials, staff scheduling, payroll and e-mail)
- Establish Regional shared server

- ❖ Implement IT program training for staff
- ❖ Preparing for implementation of Provincial ICD 10 application

Capital Planning / Development

The following is a list of the 2002 – 2003 capital projects:

Community	Project	Cost	Status
Boissevain	Boiler Replacement	$ 39,024.30	Completed
Hamiota	Fire Alarm System Upgrade	9,575.36	Completed
Melita	Roof Replacement	106,402.31	Completed
Reston	Reshingle Personal Care Home	46,000.00	Completed
Rivers	Wanderguard System	37,516.70	Completed
Treherne	Asbestos Removal	20,162.92	Completed
Boissevain	Clinic Renovations*	614,837.00	In progress
Virden	Replace Dry Sprinkler System	132,163.09	In progress
Deloraine	Roof Repair	168,987.30	In progress
Russell	Hemodialysis Renovation	812,800.00	In progress
Neepawa	Chemotherapy Addition	1,205,709.00	In progress
Neepawa	Personal Care Home Project	16,400,000.00	In progress

* Jointly funded by Manitoba Health, the Assiniboine Regional Health Authority, and the Town of Boissevain, RM of Morton and the RM of Whitewater.

In addition to the above major capital and life safety projects, an additional twenty-two projects totaling $273,740.00 (not including furniture and equipment) were approved and funded by the Assiniboine Regional Health Authority from Restricted Equity and Restricted Donations.

ASSINIBOINE REGIONAL HEALTH AUTHORITY
DONATIONS (RESTRICTED)
For The Year Ended March 31, 2003

All donations received by a health care facility or service within the Assiniboine Regional Health Authority are restricted for the sole purpose of that facility or service.

Baldur Health District	$ 69,696.05
Birtle Health Centre	114,616.31
Boissevain Health Centre	111,267.81
Bren-Del-Win Lodge	8,594.84
Carberry Health Centre	69,148.35
Cartwright & District Hospital	2,507.59
Deloraine Health Centre	67,491.47
East View Lodge	319,730.20
Elkwood Manor	8,968.30
Erickson Health Centre	18,387.07
Glenboro Health District	134,244.63
Hamiota Health Centre	16,756.83
Hartney Community Health Centre	28,135.33
Melita Health Centre	391,052.16
Minnedosa Health Centre	33,594.36
Neepawa Health Centre	148,896.85
Reston Health Centre	19,802.56
Rivers Health Centre	109,222.75
Rossburn Health Centre	25,430.55
Russell Health Centre	76,938.24
Sandy Lake Personal Care Home	28,861.75
The Sherwood	21,460.76
Shoal Lake/Strathclair Health Centre	70,358.60
Souris Health District	108,155.71
Tiger Hills Health District	359,930.52
Tri-Lake Health Centre	36,905.11
Virden Health Centre	82,581.72
Wawanesa Community Health Centre	11,617.33
Westman Nursing Home	56,819.35
Westview Lodge	27,722.84
Regional Donations-Assiniboine	173,617.73
	$ 2,752,513.67

Note: The above list does not include Ambulance, Handi-Transit or Elderly Persons Housing Donations nor Restricted Equity funds from the 1997 transfer agreements.

Audited Financial Statements

Assiniboine Regional Health Authority

Financial Statements

For the year ended March 31, 2003

BDO Dunwoody LLP
Chartered Accountants
and Consultants

Assiniboine Regional Health Authority

Financial Statements

For the year ended March 31, 2003

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Auditors' Report

To the Board of Directors of
Assiniboine Regional Health Authority

We have audited the statement of financial position of **Assiniboine Regional Health Authority** as at March 31, 2003 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the health authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the **Assiniboine Regional Health Authority** as at March 31, 2003 and the results of its operations and the changes in its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

BDO Dunwoody LLP

Chartered Accountants

Winnipeg, Manitoba
June 19, 2003

Assiniboine Regional Health Authority
Statement of Financial Position

March 31	2003	2002
Assets		
Current Assets		
Cash	$ 9,702,406	$ 5,412,956
Temporary investments	3,063,007	2,918,540
Accounts receivable (Note 2)	1,548,282	1,126,922
Due from Manitoba Health (Note 3)	120,658	2,655,948
Deferred vacation entitlement	5,271,966	4,879,189
Inventories	1,225,023	1,298,998
Prepaid expenses	191,858	417,706
	21,123,200	18,710,259
Deferred retirement obligation (Note 4)	7,265,654	6,754,762
Capital assets (Note 5)	77,450,923	77,776,825
Trust assets	75,796	68,291
	$ 105,915,573	$ 103,310,137
Liabilities and Net Assets		
Current Liabilities		
Lines of credit (Note 1)	$ 944,624	$ 190,331
Accounts payable and accrued liabilities	7,233,855	5,813,881
Current portion of long-term debt (Note 6)	2,134,229	2,931,343
Deferred vacation entitlement	5,271,966	4,879,189
	15,584,674	13,814,744
Long-term debt (Note 6)	31,814,465	33,280,632
Capital lease obligations	28,194	44,902
Accrued retirement obligation (Note 4)	7,265,654	6,754,762
Deferred contributions (Note 7)	47,218,097	44,395,858
Trust liabilities	75,796	74,459
Total liabilities	101,986,880	98,365,357
Commitments and contingencies (Note 12)		
Net Assets		
Net assets invested in capital assets	3,920,887	4,221,846
Net assets internally restricted (Note 8)	60,729	149,655
Unrestricted net assets	(52,923)	573,279
	3,928,693	4,944,780
	$ 105,915,573	$ 103,310,137

On behalf of the Board:

_____ Director

_____ Director

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements

Assiniboine Regional Health Authority
Statement of Changes in Net Assets

For the year ended March 31	Invested in Capital Assets	Internally Restricted	Unrestricted	2003	2002
Balance, beginning of year	$ 3,885,728	$ 149,655	$ (1,226,021)	$ 2,809,362	$ 1,572,991
Change in statement presentation					
Equity for EPH	336,118	-	(29,537)	306,581	306,581
MRHA 2002 net income	-	-	160,523	160,523	-
2000 In-Globe recovery	-	-	1,668,314	1,668,314	1,668,314
Balance, beginning of year as restated	4,221,846	149,655	573,279	4,944,780	3,547,886
Transfers to town of Souris	-	-	-	-	(16,606)
Transfer from (to) deferred contributions	-	(88,926)	-	(88,926)	87
Year end settlements - prior years	-	-	-	-	971,700
Additions (disposals) of capital assets	8,509	-	(8,509)	-	(32,388)
Excess of revenues (expenses) for the year	(309,468)	-	(617,693)	(927,161)	418,888
Reclassification from prior year	-	-	-	-	55,213
Balance, end of year	$ 3,920,887	$ 60,729	$ (52,923)	$ 3,928,693	$ 4,944,780

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

Assiniboine Regional Health Authority
Statement of Operations

For the year ended March 31	2003	2002
Revenues		
Manitoba Health operating income (Note 9)	$ 95,309,005	$ 92,107,988
Authorized/residential charges	11,745,666	11,240,347
Amortization of deferred contributions	3,973,627	4,159,773
Other income	3,132,025	4,058,738
Ancillary revenue	908,121	1,028,938
Province of Manitoba	853,475	648,169
	115,921,919	113,243,953
Expenses		
Acute care expenses	40,362,808	38,792,287
Long-term care	36,245,374	34,770,681
Community-based home care services	9,292,063	9,049,456
Medical remuneration	9,314,229	9,159,845
Community-based health services	3,428,354	3,050,061
Land ambulance	3,168,644	3,184,576
Community-based mental health services	1,279,347	1,254,440
Community-based therapy services	717,291	787,752
Community-based services administration	565,016	521,155
	104,373,126	100,570,253
Other Undistributed Costs		
Regional health authority costs	4,785,738	4,861,474
Amortization of capital assets	4,089,205	4,269,922
Interest on long-term debt	1,884,395	1,727,749
Ancillary expenses	877,727	820,301
Pre-retirement expenses	470,294	609,650
Transition, job action costs and other	356,593	15,727
Inter-facility expenses	-	888
	12,463,952	12,305,711
Total expenses and other undistributed costs	116,837,078	112,875,964
Excess of revenues (expenses) before other item	(915,159)	367,989
Other Item		
Net gain (loss) on sale of assets	(12,002)	50,899
Excess of revenues (expenses) for the year	$ (927,161)	$ 418,888

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

Assiniboine Regional Health Authority
Statement of Cash Flows

For the year ended March 31	2003	2002
Cash Flows from Operating Activities		
Excess of revenues (expenses) for the year	$ (927,161)	$ 418,888
Adjustments for		
Loss(gain) on disposal of assets	12,002	(50,899)
Prior period adjustment	-	-
Amortization of deferred contributions	(3,973,627)	(4,159,773)
Amortization of capital assets	4,089,205	4,269,922
	(799,581)	478,138
Changes in non-cash working capital balances		
Accounts receivable	(421,360)	703,983
Inventories	73,975	(78,156)
Prepaid expenses	225,848	(76,375)
Short-term investments	(144,467)	(150,688)
Due from Manitoba Health	2,535,290	1,871,436
Accounts payable and accrued liabilities	1,419,974	298,175
	2,889,679	3,046,513
Cash Flows from Investing and Financing Activities		
Change in capital assets	(3,870,399)	(1,063,159)
Increase in deferred contributions	6,795,866	4,974,943
Increase (decrease) in long-term debt	(1,525,696)	(1,464,077)
Increase (decrease) in deferred income	-	64,141
	1,399,771	2,511,848
Increase in cash during the year	4,289,450	5,558,361
Cash and cash equivalents, beginning of year	5,412,956	(145,405)
Cash and cash equivalents, end of year	$ 9,702,406	$ 5,412,956

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements

Assiniboine Regional Health Authority
Summary of Significant Accounting Policies

March 31, 2003

Nature and Purpose of Organization

Assiniboine Regional Health Authority is a non-profit organization incorporated without share capital under the laws of Manitoba. The health authority's mission is to promote and enhance the physical, mental and spiritual well-being for the Assiniboine region through the provision of high quality health services and programs which are responsive, accessible, coordinated and sustainable.

The health authority is a registered charity and, as such, is exempt from income tax and may issue income tax receipts to donors.

Basis of Accounting

These financial statements were prepared in accordance with Canadian generally accepted accounting principles except for the following policy described as deferred charges - employee future benefits.

Revenue Recognition

The health authority follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted investment income is recognized as revenue in the year the related expenses are incurred. Unrestricted investment income is recognized as revenue when earned.

Contributed Materials and Services

Contributed materials and services which are used in the normal course of the organization's operations and would otherwise have been purchased are recorded at their fair value at the date of contribution if fair value can be reasonably estimated.

Assiniboine Regional Health Authority
Summary of Significant Accounting Policies

March 31, 2003

Basis of Reporting

These financial statements include the accounts of all controlled not-for-profit organizations of Assiniboine Regional Health Authority All significant inter divisional transactions have been eliminated

The assets, liabilities, and operations of the following controlled not-for-profit organizations have been included in these financial statements:

Acute/Personal Care Homes:
Birtle Health Centre
Carberry Health Centre
Erickson Health Centre
Hamiota Health Centre
Minnedosa Hospital
Minnedosa Personal Care Home
Neepawa Hospital
Eastview Lodge
Riverdale Health Centre
Rossburn Health Centre
Russell Hospital
Russell Personal Care Home
Sandy Lake Personal Care Home
Shoal Lake Health Centre
Baldur Health Centre
Boissevain Health Centre
Westview Lodge
Bren-Del-Win Lodge
Deloraine Health Centre
Glenboro Health Centre
Elkwood Manor
Reston Health Centre
Virden Hospital
Westman Nursing Home
Tiger Hills Health Centre
Melita Health Centre
Wawanesa Health Centre
The Sherwood
Tri-Lake Health Centre
Cartwright Hospital
Hartney Community Health Centre
Souris Health Centre

Ambulance services:
Baldur
Birtle
Boissevain
Carberry
Cartwright
Deloraine
Elkhorn

Erickson
Glenboro
Hamiota
Hartney
Minnedosa
Neepawa
Oak Lake
Reston
Rivers
Rossburn
Russell
Shoal Lake
Souris
Tiger Hills
Tri-Lake
Virden
Wawanesa

Elderly Persons Housing Units:
Pioneer Lodge (Birtle)
Lilac East (Hamiota)
Lilac North (Hamiota)
Westwood Lodge (Rivers)
Lakeshore Lodge (Shoal Lake)
Morley House (Shoal Lake)
Tiger Hills Villa (Treherne)

Handi-Transit Services:
Baldur
Glenboro
Hartney
Souris
Tiger Hills

Assiniboine Regional Health Authority
Summary of Significant Accounting Policies

March 31, 2003

Financial Instruments

Assiniboine Regional Health Authority's financial instruments consist of cash, accounts receivable, temporary investments, accounts payable, amounts due from (to) Manitoba Health and long-term debt. Unless otherwise noted, it is management's opinion that the health authority is not exposed to significant interest, currency or credit risks arising from these financial instruments.

Temporary Investments

Temporary investments are stated at the lower of cost and market value.

Inventories

Inventories are stated at the lower of cost and replacement cost. Cost is generally determined on the first-in, first-out basis.

Capital Assets

Purchased capital assets are recorded at cost. Amortization based on the estimated useful life of the asset is calculated as follows:

Ambulance garages	20 years straight-line basis
Ambulance radios	5 years straight-line basis
Automotive equipment	5 years straight-line basis
Building	40 years straight-line basis
Computers	5 years straight-line basis
Equipment	10 years straight-line basis
Land improvements	15 years straight-line basis
Leaseholds	3 years straight-line basis

Deferred Charges - Employee Future Benefits

The health authority records a liability for employee future benefits including accrued vacation entitlements, accrued overtime and accrued retirement obligations. An expense is not recorded, but instead offsetting assets described as "Deferred Charges - vacation" and "Deferred Charges - pre-retirement" are recorded to reflect the expected recovery of these costs from Manitoba Health in the future period in which the expenditures are made.

March 31, 2003

1. Line of Credit

The Assiniboine Regional Health Authority has $4,200,000 authorized lines of credit bearing interest at the bank's prime rate minus 0.65%. Security provided on these lines of credit include an overdraft borrowing agreement and a Letter of Comfort from Manitoba Health.

2. Accounts Receivable

	2003	2002
Trade receivables	$ 1,487,591	$ 1,039,968
GST receivable	179,666	151,776
Allowance for doubtful accounts	(118,975)	(64,822)
	$ 1,548,282	$ 1,126,922

3. Due From Manitoba Health

	2003	2002
Out-of-Globe 2002/2003	$ 120,658	$ -
Out-of-Globe 2001/2002	-	(70,963)
Out-of-Globe prior years	-	(477,210)
In-Globe 1997/1998	-	178,250
In-Globe 1999/2000	-	1,668,314
In-Globe 2001/2002	-	1,357,557
	$ 120,658	$ 2,655,948

In-Globe Funding

In-Globe funding is funding approved by Manitoba Health for Regional Health Authority programs unless otherwise specified as Out-of-Globe funding. This includes volume changes and price increases for the five service categories of Acute Care, Long-term Care, Community and Mental Health, Home Care and Emergency Response and Transport. All additional costs in these five service categories must be absorbed from within the global funding provided.

Any operating surplus greater than 2% of budget related to In-Globe funding arrangements is recorded on the statement of financial position as a payable to Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time Manitoba Health determines what portion of the approved surplus may be retained by the Authority, or repaid to Manitoba Health.

Under Manitoba Health policy the Regional Health Authority is responsible for In-Globe deficits, unless otherwise approved by Manitoba Health.

3. Due From Manitoba Health (continued)

Out-of-Globe Funding

Out-of-Globe funding is funding approved by Manitoba Health for specific programs.

Any operating surplus related to Out-of-Globe funding arrangements is recorded on the statement of financial position as a payable to Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time Manitoba Health determines what portion of the approved surplus may be retained by the Authority, or repaid to Manitoba Health.

Conversely, any operating deficit related to Out-of-Globe funding arrangements is recorded on the statement of financial position as a receivable from Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time, Manitoba Health determines their final funding approvals which indicate the portion of the deficit that will be paid to the Authority. Any unapproved costs not paid by Manitoba Health are absorbed by the Authority.

4. Accrued Retirement Obligation

	2003	2002
Members of the Health Employees Pension Plan	$ 6,258,454	$ 5,854,962
Members of the Civil Service Superannuation Plan	1,007,200	899,800
	$ 7,265,654	$ 6,754,762

The health authority's contractual commitment, based on an actuarial valuation, for the pre-retirement entitlement of the Health Employee Pension Plan is to pay out four days of salary for each year of service upon retirement if the employee complies with one of the following conditions:

- has ten years service and has reached the age of 55 or
- qualifies for the "eighty" rule which is calculated by adding the number of years service to the age of the employee
- retires at or after age 65
- terminates employment at any time due to permanent disability

The health authority's contractual commitment, based on an actuarial valuation, for the pre-retirement entitlement for members of the Civil Service Superannuation Plan is to pay out, at retirement to employees who have reached the age of 55 and have nine or more years of service, the following severance pay:

- one week of severance pay for each year of service up to 15 years of service
- two weeks of additional severance pay for each increment of five years service past the 15 years of service up to 30 years of service

March 31, 2003

5. Capital Assets

	2003			2002		
	Cost	Accumulated Amortization	Net Book Value	Cost	Accumulated Amortization	Net Book Value
Land	$ 499,413	$ -	$ 499,413	$ 499,413	$ -	$ 499,413
Buildings	83,922,595	30,095,934	53,826,661	83,589,013	28,601,242	54,987,771
Equipment, ambulance garages, ambulance radios, vehicles and computers	44,493,269	36,452,701	8,040,568	42,675,145	34,511,633	8,163,512
Construction in progress	14,277,587	-	14,277,587	13,305,790	-	13,305,790
Land improvements	2,197,540	1,390,846	806,694	2,121,935	1,301,596	820,339
	$ 145,390,404	$ 67,939,481	$ 77,450,923	$ 142,191,296	$ 64,414,471	$ 77,776,825

6. Long-term Debt

	2003	2002
Mortgages payable to Canada Mortgage and Housing Corporation at interest rates from 4.43% to 10.50%, due from October 1, 2006 to May 1, 2029, with monthly payments of principal and interest from $149 to $6,750, secured by a mortgage on buildings.	$ 8,111,106	$ 8,681,763
Mortgages payable to Manitoba Housing and Renewal Corporation at interest rates from 7.75% to 10.75%, due from December 31, 2022 to December 31, 2023, with monthly payments of principal and interest from $5,478 to $6,479, secured by a mortgage on buildings.	1,321,689	1,395,153
Mortgage payable to Tiger Hills Credit Union Limited, at 5.00%, monthly payments of $8,684 principal and interest, secured by a first charge against the Tiger Hills Villa land and building, a general assignment of all rents and leases and a chattel mortgage covering the appliances in the Tiger Hills Villa.	1,181,337	1,234,118
Demand loans payable to Royal Bank prime less 0.50%.	26,700	9,812,042
Promissory notes payable to the Manitoba Department of Finance at interest rates from 6.13% to 6.38%, due March 31, 2017 to March 31, 2018, repayable in monthly installments from $70,312 to $70,513 plus interest on the last business day of each month.	21,966,346	12,656,250
Flex loans payable to Royal Bank at a variable rates, due every 91 days, payments of principal and interest, due at the end of the term, secured Manitoba Health guarantee.	1,303,116	2,382,049
Debentures payable at 13.38%, due from October 31, 2003 to November 15, 2004, repayable in monthly payments of principal from $900 to $1,400 plus interest. Secured by the building and an implicit guarantee by Manitoba Health.	38,400	50,600
	33,948,694	36,211,975
Less current portion	2,134,229	2,931,343
	$ 31,814,465	$ 33,280,632

6. Long-term Debt (continued)

Principal repayments for the next five years and thereafter are as follows:

2004	$ 2,134,229
2005	2,128,687
2006	2,144,967
2007	2,166,752
2008	2,182,770
Thereafter	23,191,289
	$ 33,948,694

7. Deferred Contributions and Income

Expended and unexpended deferred contributions represent restricted capital funding received from Manitoba Health.

Expended deferred contributions related to capital assets represent the unamortized amount of funds received for the purchase of capital assets and the lump sum repayment of capital debt. The amortization of capital deferred contributions is recorded as revenue in the statement of operations.

Unexpended deferred contributions related to expenses of future periods represent unspent externally restricted grants for equipment, major repairs, construction and other expenses. Donations were received from other sources restricted for the purchase of depreciable capital assets.

	Expended	Unexpended	Other	2003	2002
Balance, beginning of year	$ 38,366,016	$ 2,351,606	$ 3,927,728	$ 44,645,350	$ 45,196,769
Change in statement presentation	(306,581)	45,113	11,976	(249,492)	(249,492)
Re-classification of deferred income	-	-	-	-	73,367
Beginning of year,as restated	38,059,435	2,396,719	3,939,704	44,395,858	45,020,644
Funding Manitoba Health	2,283,336	608,565	-	2,891,901	2,801,961
Donations received	-	-	1,363,189	1,363,189	1,741,517
Interest earned	-	5,600	67,507	73,107	96,130
Other receipts	227,792	550,490	195,597	973,879	37,730
Capital asset purchases	2,388,751	(760,766)	(1,058,538)	569,447	451,627
Re-classification to payables	-	-	(245,968)	(245,968)	(529,266)
Amortization	(3,699,666)	-	-	(3,699,666)	(4,047,243)
Deferred income-other	-	1,056,873	-	1,056,873	(1,177,242)
Transfer of prior year restricted equity	-	1,171,125	(1,171,125)	-	-
Transfer to net assets	-	(160,523)	-	(160,523)	-
Balance, end of year	$ 39,259,648	$ 4,868,083	$ 3,090,366	$ 47,218,097	$ 44,395,858

8. Net Assets Internally Restricted

Represents insurance proceeds received due to a fire and destruction of an ambulance. The funds were set aside for the purchase of an ambulance in future years.

9. Manitoba Health Operating Income

	2003	2002
Revenue as per Manitoba Health's final funding document	$ 97,328,984	$ 93,286,559
Add:		
CUPE	1,104,768	219,421
MGEU	333,221	65,963
MAHCP wage parity	-	22,443
MNU related funding	97,683	30,506
Accreditation survey fees	26,400	12,467
Employee assistance program	-	19,898
Pre-retirement leave	70,294	609,649
One to one attendant services - Tri-Lake Health Centre	-	8,068
2001/2002 operating deficit	-	1,357,557
Past commitments	167,761	-
Long-term care adjustment	300,000	-
Pharmacists' bonus adjustment	1,707	-
Principle on approved borrowing	27,549	-
Pharmacists' R & R bonuses 2002/2003	52,954	-
ER on Call 2001/2002 Retro	106,480	-
	2,288,817	2,345,972
Deduct:		
Authorized and residential charges	(750,287)	(271,408)
Capital interest	(49,801)	(125,859)
Medical remuneration	(616,807)	(325,315)
	(1,416,895)	(722,582)
Total funding approved by Manitoba Health	98,200,906	94,909,949
Deduct: Amounts recorded as deferred contributions:		
Capital funding	(2,891,901)	(2,801,961)
	$ 95,309,005	$ 92,107,988

10. Financial Information at Different Dates

The following entities have been consolidated into these financial statements as at December 31, 2002 and December 31, 2001 respectively

Baldur Handi-Van Service
Glenboro Handi-Van Service
Hartney Handi-Transit
Souris Handi-Transit
Tiger Hills Handi-van Service

These entities have not been reported as at March 31, 2003 and March 31, 2002, respectively, due to the reporting requirements of their funding agency: The Province of Manitoba - Department of Highways and Transportation. There have been no significant transactions in the intervening period between December 31, 2002 and March 31, 2003 and December 31, 2001 and March 31, 2002, respectively. Details regarding these entities assets, liabilities, net assets as at March 31, 2003 and March 31, 2002, and their revenues and expenses for the three-month intervening period have not been prepared since these entities are not significant to Assiniboine Regional Health Authority as a whole.

11. Entities Consolidated Based on MHRC Reporting Standards

The financial statements of The Tiger-Hills Villa Inc., Hamiota District Health Centre Inc. - Lilac Residence (East Wing), Hamiota District Health Centre Inc. - Lilac Residence (North Wing), Morley House of Shoal Lake Elderly Persons Housing, Morley House of Shoal Lake - Lakeshore Lodge, Pioneer Lodge Inc., Riverdale Personal Care Home Inc. - Westwood Lodge are prepared in accordance with the accounting principles required by Manitoba Housing and Renewal Corporation (MHRC). The difference between accounting principles used by the above entities and Assiniboine Regional Health Authority would not result in significant changes to these financial statements as a whole.

12. Commitments and Contingencies

(a) The nature of the health care industry's activities is such that there is usually litigation pending or in prospect at any time. With respect to claims at March 31, 2003, management believes the Authority has valid defences and appropriate insurance coverages in place. In the event any claims are successful, management believes that such claims are not expected to have a material effect on the Authority's financial position.

(b) On July 1, 1987, a group of health care organizations, ("subscribers"), formed Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is registered as a Reciprocal pursuant to provincial Insurance Acts, which permit persons reciprocal contracts of the indemnity insurance. HIROC facilitates the provision of liability insurance coverage to health care organizations in the provinces of Ontario, Manitoba, Saskatchewan and Newfoundland. Subscribers pay annual premiums, which are actuarially determined, and are subject to assessment for losses in excess of such premiums, of any experienced by the group of subscribers for the years in which they were a subscriber. No such assessments have been made to March 31, 2003.

13. Economic Dependence

Assiniboine Regional Health Authority receives a substantial portion of its revenue from Manitoba Health.

14. Accounting Treatment for Foundations

Assiniboine Regional Health Authority has not disclosed the inter-relationships nor the degree of economic dependence with its Foundations because the group of controlled organizations is comprised of a large number of organizations that are individually immaterial to the Assiniboine Regional Health Authority as a whole.

15. Pension Plan

Substantially all of the employees of the Authority are members of the Healthcare Employees Pension Plan (a successor of the Manitoba Health Organization Inc. Plan) (the "Plan") which is a multi-employer defined benefit pension plan available to all eligible employees of the participating members of the Plan. Plan members will receive benefits based on the length of service and on the average of annualized earnings during the best five years of the last ten years prior to retirement, termination or death, that provides the highest earnings.

Pension assets consist of investment grade securities. Market and credit risk on these securities are managed by the Plan by placing Plan assets in trust and through the Plan investment policy.

Pension expense is based on Plan management's best estimates, in consultation with its actuaries, of the amount, together with the 5.0% of salary and 6.6% of salary over $39,900 contributed by employees, required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for employer contributions to the Plan to remain a constant percentage of employee's contributions.

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The most recent actuarial valuation of the Plan as at January 1, 2002 indicates the Plan is fully funded

The remainder of employees are members of the Province of Manitoba's defined benefit Civil Service Superannuation Pension Plan. Liability for variances between actuarial funding estimates and actual experience lies with the Province.

16. Comparative Figures

The comparative amounts presented in the financial statements have been restated to conform to the current year's presentation. The comparative figures have been derived from the audited financial statements of South Westman Regional Health Authority Inc. and the audited financial statements of Marquette Regional Health Authority Inc. The Marquette Regional Health Authority Inc. financial statements were reported on by another auditor.

17. Amalgamation

On July 1, 2002 Southwestman Regional Health Authority Inc. and Marquette Regional Health Authority Inc. were amalgamated. The new Health Authority on amalgamation operates as Assiniboine Regional Health Authority.